

CITY OF
ALBUQUERQUE

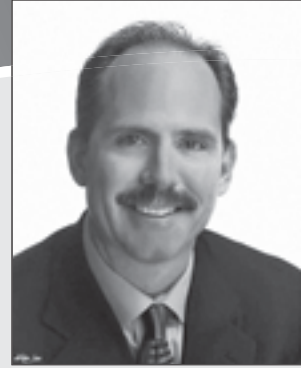


Employer-Sponsored
Group
Benefits

CONTRACT YEAR
July 1, 2010 - June 30, 2011



CITY OF ALBUQUERQUE



Richard J. Berry, Mayor

Dear Fellow Employees:

Thank you for choosing to participate in the City of Albuquerque group benefit plan. The City of Albuquerque is committed to providing a comprehensive benefits program which remains reasonably priced. The City of Albuquerque has taken steps to maintain the comprehensiveness of the benefit package and at the same time has taken measures to insure the financial stability of the group benefit plan. The initial offers by our contracted vendors included double digit rate increases. We as employees and the City as an employer could not absorb these substantial rate increases.

Over the coming months, premium increases, plan design changes, and employer/employee contribution changes are all tools necessary to insure the success of the group benefit plan that covers employees and our dependents. Please take a moment to review the summary of benefits provided. Understand that the true success of our benefit program rests on everyone understanding the choices and options available.

Another important tool the City is using to slow rising healthcare costs is our Employee Wellness program. Healthy lifestyle choices not only impact the health and well being of us as individuals and our family, but they have a very direct impact on the cost we all pay for group health benefits. I encourage everyone to actively participate in the variety of health and wellness activities provided by our Employee Wellness Program. The benefits of a healthy lifestyle are rewarding in many ways. Please take a moment to "Rise to Good Health".

An extremely important way to save money on rising healthcare costs is through the use of Flexible Spending Accounts (FSA). If you have out of pocket expenses for child or dependent care, medical supplies, eyeglasses, prescriptions or even parking expenses, you could save money by participating in our FSA program. Three separate accounts are available for Medical Expenses, Dependent Care, or Parking/Transit Expenses. The money you set aside is taken before taxes and helps to increase your net take home pay. I encourage you to talk to our Insurance & Benefits staff about how an FSA might help you, or ask someone you know how it's working for them.

Thank you again for choosing to participate in the City of Albuquerque benefit program. Please take a few moments with your family to review the benefit choices and options available. Additionally, this year we'll be introducing several voluntary benefit choices which we hope respond to the needs and requests voiced by many employees. I strongly encourage you and your family members to attend one of the many Open Enrollment meetings being conducted around the City from May 3 to May 21, 2010. If at any time you have questions about your group health benefit program, please contact the Insurance and Benefits Division at (505) 768-3758.

Richard J. Berry, Mayor



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This brochure is intended for summary purposes only. In all cases only the official plan documents control the administration and operation of the plans. Please be aware that some of the benefits listed in the various tables have limitations. See your Summary Plan Description (SPD) for more details. This brochure does not constitute a contract of employment nor does it change your employment-at-will status.

Your employer retains the right to modify benefits or premiums during annual contract negotiations to obtain benefits for employees.

Rules and Regulations – Guidelines for Enrollment

These rules and regulations apply to employees of the City of Albuquerque and government entities that have elected to participate in the same insurance plans. There may be differences in eligibility between entities. For example, not all governing bodies of the entities have approved allowing an employee's domestic partner and his/her children to be eligible for insurance coverage. Entities also differ in the employer contribution towards insurance premiums. Please check with your employer's Benefits Office for clarification.

Who is Eligible

- Eligible people are:
- Permanent employees (including those on probation)
- Elected officials
- Unclassified employees scheduled to work 20 hours or more each week
- Legal spouse of an employee
- Domestic partner of an employee*
- Children that are financially dependent on the employee, unmarried and under age 26 AND meet at least one of the following criteria:
 - Natural child of the employee, spouse or domestic partner
 - Placed in the employee's home and in process for being adopted by the employee, spouse or domestic partner
 - Adopted by the employee, spouse or domestic partner
 - Court order that requires the employee, spouse or domestic partner provide medical insurance coverage for the child
 - Court document that shows the employee, spouse or domestic partner has full, permanent custody of the child
 - Children over age 26 may **continue** participating in the group insurance plans if they are physically or mentally handicapped and are not eligible for any other plan. This continuation is subject to normal enrollment guidelines and approval by the insurance carrier.

* A domestic partner is defined as a person of the same or opposite sex who lives with the employee in a long-term relationship of indefinite duration. There must be an exclusive mutual commitment similar to that of marriage, in which the partners agree to be financially responsible for each other's welfare and share financial obligations. These benefits are also available to the domestic partner's children provided that the child meets the definition of eligibility state above. Note the criteria and required documents in the *Changing Benefit Elections* section.

Benefit Options

Options may vary by participating entity but usually include:

- Medical Insurance
- Dental Insurance
- Vision Insurance
- Life Insurance
- Long Term Disability Insurance
- Flexible Spending Accounts (Medical, Dependent Care, Parking/Transit)
- Coverage Options
- Employee Only Employee Plus Spouse or Domestic Partner
- Single Parent Family

NEW Vendors for Voluntary Benefit Options Effective 7/1/2010

Short Term Disability	Accident
Whole Life	Specified Critical Illness
Auto & Home	Legal
Long Term Care	Pet

Changing Benefit Elections and Qualifying Events

Many of the rules for enrollment and eligibility are made by the Internal Revenue Service because they allow your salary to be reduced by the premiums you pay before taxes are calculated (Internal Revenue Code Section 125.) Important rules to know are:

Once you have made an election during your initial enrollment period of 31 days from your hire date then you are **locked into that decision until the next open enrollment**.

Exceptions to this are qualifying events due to a life status change. You must provide documentation of the life status change and complete forms within **31 days of the qualifying event**. Qualifying events and acceptable documents are:

- **Marriage** - Marriage certificate
- **Domestic Partnership meeting eligibility requirements** – Affidavit*
- **Divorce** – Court issued divorce decree
- **Birth** – Hospital certificate or state issued birth certificate
- **Death** – Death certificate
- **Change in employment** status affecting benefits eligibility (for you or your spouse) - Letter/form from employer that is notification of the job change, coverage ending or new eligibility
- **Open Enrollment** period of Spouse/Domestic Partner's employer
- **Involuntary loss of coverage** – Official notification of loss
- **Dependent child losing eligibility** - Official notification of loss
- **Dependent change of residence** that affects benefits eligibility - Notification of change
- Dental Insurance Only – **dependent child between the ages of 2 and 3** may be added to a plan in which the employee is already enrolled

* The **Affidavit of Domestic Partnership** is a legal document in which both the employee and the domestic partner swear that they meet the following criteria:

- Both are unmarried
- Reside in the same residence for at least 12 months and intend to do so indefinitely
- Meet the age requirements for marriage in the state of New Mexico
- Are not related by blood to the degree prohibited in a legal marriage in the State of New Mexico
- Are financially responsible for each other's welfare and share financial obligations

In addition to the notarized affidavit, **three** of the following documents are also required.

- Joint lease/mortgage or ownership of property
- Jointly owned motor vehicle, bank or credit account (only one qualifies)
- Domestic partner named as beneficiary of the employee's life insurance
- Domestic partner named as beneficiary of the employee's retirement benefits
- Domestic partner named as primary beneficiary in the employee's will
- Domestic partner assigned as power of attorney or legal designee by the employee
- Both names on a utility bill
- Both names on an investment account

The employee's domestic partner is not required to visit the Insurance & Benefits Office in order to receive benefits. The employee may bring the signed and notarized Affidavit of Domestic Partnership with the other required documents.

The Federal Government does not recognize domestic partners as qualified dependents and therefore the premium paid for their coverage cannot be pre-tax. In addition, the employee must pay tax on the portion of the premium paid by the city for the domestic partner and his/her covered children. Employees wanting to change benefit elections involving a domestic partner must adhere to the same rules regarding qualifying events.

Missing the initial enrollment period, 31-day qualifying event period or the annual open enrollment period, may result in **delayed enrollment**, a delay in notification of loss of coverage and **paying for coverage no longer provided**.

The effective date will depend on the event and when documents and forms are submitted to your employer (see below.)

Name/Address Changes: It is important to keep your employer and the insurance plans informed when you experience a name and/or address change to prevent a disruption of service and receipt of important policy information. Please visit the Human Resources Office timely to complete the appropriate form.

Effective Date of Coverage, Changes and/or Terminations

New employees – Coverage begins on the first day of the current pay period if forms are completed and required documents are brought to New Employee Orientation (NEO) or submitted to the Insurance & Benefits Office by the end of the first week. Pay periods begin on Saturday and are two weeks long. Paychecks are issued on the Friday following the end of the pay period. NEO is usually held on Monday following the beginning of a pay period. You have 31 days from your hire date to submit completed forms and verification of dependent eligibility. If not on the hire date then coverage will begin on the first day of the pay period following the submission of completed forms and verification of dependent eligibility.

Qualifying Events – Coverage begins on the first day of the pay period following the submission of completed forms, verification of dependent eligibility and documentation of the qualifying event as long as the forms and documents are received in the Insurance and Benefits Office within 31 days from the event. The only exception to this is when the event is the birth of a child. The coverage begins on the date of birth if documentation and forms are completed and submitted to the Insurance & Benefits Office within the 31-day enrollment period.

Open Enrollment – Benefit changes elected during open enrollment are effective on July 1st or June 30th for coverage ending.

Termination of Coverage

Insurance ends at the end of the pay period in which the event occurs. Exceptions to this:

<u>Event</u>	<u>Coverage Terminates</u>
Retirement	End of month prior to PERA retirement date
Dependent reaching age limit	On 26 th birthday

Open Enrollment

This is a three week (or longer) period established annually (usually in May) that allows all benefits eligible employees to make changes to their benefit elections without having experienced a qualifying life status change. It is the only opportunity to switch plans. Annual premium changes also occur at this time and will automatically be updated on your first paycheck in July without you having to make a new election.

Insurance Premium and Benefit Plan Participation Payments

The city pays a substantial portion of medical, dental and vision premiums regardless of the coverage options you elect. Your benefit payments are deducted for coverage during the same two week period for which you are paid. Your earnings are reduced by your portion of the medical, dental and vision insurance premiums before Federal, State and FICA taxes are calculated, thereby saving you money.

Employees are responsible for paying their Group Health Premiums regardless of receiving a paycheck.

This means if your employment status is "active" and you do not receive a paycheck then you will be responsible for paying the employee AND the employer portion of your medical, dental, vision premiums, and also your current deduction(s) for other supplemental benefits in that period. You will be responsible for making payment arrangements through the Insurance and Benefits Office (contact information is provided in the back of this booklet). Payment arrangements depend on the situation and will be looked at on an individual basis. Failure to either make payment arrangements or to make timely payments will result in cancellation of benefits back to the end of the pay period for which the premiums were paid.

NOTE: You are exempt from having to pay the employer's portion if you are on military leave or approved leave under The Family Medical Leave Act.

COBRA

The Comprehensive Omnibus Budget Reconciliation Act (COBRA) is the federal law that allows the employer to offer continued participation in medical, dental, and/or vision group insurance coverage if your employment terminates (18 months maximum) or your covered dependent loses eligibility (36 months maximum.) Domestic partners of employees are eligible to continue coverage under COBRA when their eligibility ends under the active employee plans. Electing to continue coverage must be made within 60 days of the date eligibility was lost on the active employee plans. The cost of the coverage is 102% of the full monthly premium. You will receive written notification of your rights and responsibilities when you or your dependent experience an event that qualifies. Additional information is available in the Insurance and Benefits Office.

Rising to Good Health!!

Your Employee Wellness Program

The City of Albuquerque, in partnership with BlueCross BlueShield of New Mexico and Presbyterian Health Plan, is committed to focusing more on you and your health in 2010 and beyond. We are proud to offer a comprehensive wellness program for all City employees and dependents. If you're looking to lose weight, stop smoking or just learn more about keeping your family healthy, we have services and resources in place to help you every step of the way.

Your Employee Wellness Program is designed to:

- Help provide a healthful work environment
- Support the adoption of healthy habits to improve individual health and fitness levels
- Provide increased knowledge of and access to health promotion, health education, disease reduction and other programs and resources to benefit employee well-being

We are pleased to offer the following Wellness benefits:

- Comprehensive health screenings **offered at no charge** to enable employees easy and convenient access to important measurements and education
- A series of wellness seminars on topics such as: smoking cessation, weight management, and stress management
- A monthly wellness newsletter filled with information, inspiration, and motivation
- Employee and family Wellness Fairs featuring access to a wide array of health screenings
- Accurate, up-to-date health information on both our City Employee Website and Gov TV channel

Help make this effort an even greater success! For more information, to submit your story of healthful living, or to become a "Wellness Champion" for your department, please contact **JD Maes, your wellness coordinator, at 768-2921 or jmaes@cabq.gov.**

How can you improve your health in just 15-20 minutes?

Complete the online Health Risk Assessment (HRA) and get connected to a healthier way of life. The confidential HRA will assess your current lifestyle choices and personal & family health history to provide immediate personalized feedback. This customized report is only available if you are participating in a City sponsored medical insurance program, and will give you tools to improve or maintain your family's health. Complete your HRA by July 1, 2011 to receive a **\$25 gift certificate to Subway®**. Log on today!

For BlueCross BlueShield members:

- Go to www.bcbsnm.com
- Register for Blue Access for Members
- Select Personal Health Manager
- Select "Take Your Health Risk Assessment"
- Complete the questionnaire

For Presbyterian Health Plan Members:

- Go to www.phs.org
- Select "Login to Pres Online or Register"
- Select "WebMD Health Manager (HRA)"
- Select "Health Risk Assessment"
- Click on "Take Health Risk Assessment Now"

Additional Benefits of Completion:

- Access to tools and programs based on your areas of personal health risk
- Information on improving your health and well being with a focus on what's a priority to *you*
- Knowledge of choices you're making that actually protect your health
- Steps you can take to get the most from your doctor visits and health plan benefits



Medical Plans

Plan Benefits

Each of the medical plan options provides comprehensive medical coverage for enrolled members. On the next pages you will find a general description of each of the plans, followed by a Benefits-At-A-Glance chart comparing key benefits of both plans. Finally, you will see a list of exclusions for items that neither of the plans cover.

In order to choose the plan that is right for you and your family, review the benefit levels for each plan, as well as the medical providers available to you.

Keep in mind this information is a summary only, and you should refer to each plan's official Summary Plan Description for full details, including all limitations and exclusions.

Your Choices

You have the option to choose between two medical plans:

- Presbyterian Health Plan My Care Plan
- Blue Cross and Blue Shield of New Mexico

Cost of Coverage

No matter which plan you choose, your employer will pay a portion of the premium. Your portion of the cost is taken on a per pay period basis. Your cost depends on the plan you choose as well as what family members you enroll.

Learn More

You can find more information at <http://eweb.cabq.gov/>



Blue Cross and Blue Shield of New Mexico



Offering an EPO health care plan to the employees of the City of Albuquerque and Participating Entities – a plan that includes the most comprehensive provider network in New Mexico; the unique BlueCard® program that gives you access to doctors nationwide; a comprehensive wellness program with tools available to you and your family; and customer service based in Albuquerque. We strive to meet our customers' needs with every interaction – more than nine times out of ten, inquiries are resolved during the first phone call.

Benefits include preferred primary provider visits for a \$25 copay and preferred specialist visits for a \$40 copay – with no deductible. You receive comprehensive prescription drug benefits, including mail-order and specialty medicine programs. Please see the summary of benefits included in this booklet.

Provider Choice and Access

- **The most comprehensive provider network** of any health plan doing business in New Mexico, with over 12,000 PPO providers statewide, including 12 hospitals in the greater Albuquerque area and all the regional hospitals outside the Albuquerque area. Our network includes the only women's hospital in the state and the Heart Hospital.
- **National and worldwide network** through the BlueCard Program. BCBSNM members are covered at in-network benefit levels throughout the United States and in over 200 countries. Approximately 80 percent of physicians and 90 percent of hospitals nationwide participate with a Blue Cross and Blue Shield Plan.

Concierge Customer Service

Our Albuquerque-based Customer Advocates are trained to anticipate your health and customer service needs. Concierge service means we will provide you with the personalized and individualized service you deserve. Our Customer Advocates treat each member inquiry as an opportunity to interact with the “whole person” and not simply respond to the immediate question.

Experience. Wellness. Everywhere.®



Blue Access® for Members – Your Online Resource (bcbsnm.com)

- Claims status, explanations of benefits (EOBs)
- Provider Finder®
- Treatment Cost Advisor™
- Care Comparison® Tool
- BCBSNM Drug List
- Request an ID card or print a temporary ID card

Personal Health Manager (PHM)

- Manage your personal and family health with confidence at **bcbsnm.com**
- Complete a confidential general Health Risk Assessment (HRA) and choose among five additional optional HRAs: sleep, stress, nutrition, physical activity, and musculoskeletal health
- Prepare for a doctor's visit or medical procedure
- Ask health-related questions and get answers from registered nurses, dietitians, and licensed personal trainers through our online "Ask A" features
- Use the Interactive Symptom Checker
- Manage your weight or quit smoking using our weight management and smoking cessation programs
- Research health information with the Healthwise® Knowledgebase

Check out a demo of Blue Access for Members (BAM) and PHM:

- Go to **bcbsnm.com**.
- Enter the user ID: **demo** and the password: **bam1demo1** in the BAM login box.
- On the *Select Member Criteria* screen, select a *Product* (e.g., PPO), and check *Personal Health Manager* listed under *Other Products*.

This brings you to our secure member portal. To access the Personal Health Manager demo, select the *Personal Health Manager* link.

BlueExtrasSM Discount Program

Receive discounts on health care products and services not usually covered by health care benefit plans, including:

- Jenny Craig® and Curves® memberships
- Digital hearing aids through TruHearing®
- Eyeglass frames and lenses, contact lenses, laser vision correction, exams, and accessories through Davis Vision®
- Complementary Alternative Medicine, including a variety of health-promoting therapies, vitamins, herbal supplements, and health and wellness magazines

Blues Healthline

Receive the award-winning quarterly member newsletter, *Blues Healthline*, with provider network and drug updates, the latest news in healthy lifestyle choices, and wellness and condition management tips.

Blue PointsSM

Track a fitness workout, report a healthy meal, take an on-line Health Risk Assessment, or use other *For Your Health* features on **bcbsnm.com** to earn Blue Points. These points are redeemable at the online Blue Points Redemption Center for health promotion products and gift cards to stores and restaurants.

And More . . .

Condition Management programs are available at no additional charge and address conditions such as:

- Asthma
- Chronic obstructive pulmonary disease
- Congestive heart failure
- Coronary artery disease
- Diabetes

Blue Care Advisors (BCAs) are registered nurses who help members with chronic conditions develop a plan of care and prioritize goals and objectives. BCAs will provide member education and support, assess gaps in care and barriers to accessing care, act as a patient advocate, and assist the member to set and reach realistic health goals over a period of time.

24/7 Nurseline nurses offer triage services, discuss appropriate care, and provide information to help you with your health decision-making processes. You can also call the 24/7 Nurseline to access an audio library of more than 1,000 health care topics; 600 of these are also available in Spanish.

Special Beginnings® offers additional prenatal support that is supplemental to a doctor's care and includes educational materials that are customized to meet the specific needs of mom and baby.

For more information about this plan, call us at 1-877-232-5538.

My Care

One plan, three benefit options



With Presbyterian Health Plan's My Care Plan, employees can choose among three different benefit options to find a plan that best fits their unique needs: the Active, Family, and Independent options.

Once you select an option, you and your qualifying dependents will remain in that option until the next open enrollment. Each option is priced the same, and your per pay period contribution is the same for all options. The benefit levels vary as outlined below.

The Active Option

The Active option is a good fit for individuals, couples, or some families who do not seek medical services often and are mainly concerned with preventive care. The Active option allows you to seek medical services from participating providers and offers a \$150 reimbursement per family per calendar year under the Unique Services Reimbursement Program for the following:

- Preventive care copays
- Gym memberships*
- Weight loss programs*
- Routine vision care
- Ambulance copays
- Copays for X-rays
- Sterilization services
- Smoking cessation
- Birth control pills
- LASIK surgery
- Vitamins*
- Dental treatment*

The Family Option

The Family option is great for those employees with a family-oriented lifestyle. These individuals typically have young children or are expecting to start a family. Instead of offering a Unique Service Reimbursement Program, this option offers significantly lower copayments for the services that children use most. Well-child care and preventive physical exams are only \$5 for children enrolled on this plan and office visits are \$15 for children.

The Independent Option

The Independent option is designed for individuals, couples, or families who want to visit doctors outside the Presbyterian network and receive coverage for those costs. This plan offers enhanced out-of-network coverage, allowing you to visit providers outside of the Presbyterian Health Plan provider network. This option offers a \$250 reimbursement per family per calendar year under the Unique Services Reimbursement Program for the following:

- Preventive care copays
- Prescription drug costs with a physician's prescription
- Routine vision care
- Alternative therapies
- Disease management classes*
- Dental treatments*
- Diagnostic devices*
- Hearing aids

* If recommended by a physician to treat a specific medical condition. A note or prescription from the provider and the Unique Services Reimbursement Form must be submitted.

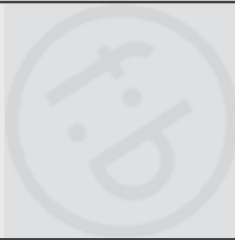
- Three coverage options designed to accommodate different lifestyles
- Two options offer special reimbursements
- You don't need to select a Primary Care Physician (PCP) under any option

Remember...

Preventive care copays are eligible for reimbursement under your Unique Services Reimbursement Program. See your plan booklet for limitations and filing instructions.

For more information about services and benefits, call Member Services at (505) 923-5678 or 1-800-356-2219 between the hours of 8:00 a.m. to 5:00 p.m., Monday through Friday.

**Feel better.
Stay healthy.
Live well.**



Providing health care to New Mexico for nearly a century, Presbyterian is uniquely woven into the fabric of this state. Being community owned, we are dedicated to improving the health of individuals, families and communities and will be here when you need us. As an active partner with the City of Albuquerque, we provide employees with the tools they need to feel better, stay healthy and live well.

Feel better.

Presbyterian HealthPlex

Take advantage of a full range of fitness and rehabilitation resources provided by Presbyterian at the Healthplex. We offer a full range of fitness and wellness programs for active adults. In addition, we offer state-of-the-art treatment with caring, understanding, and expertise for individuals with various medical conditions, like arthritis, diabetes, heart and pulmonary disease. Built in 1993, the wellness and rehab facility offers a full gymnasium, education suites, and personalized fitness programs. Call (505) 823-8399 for more information.

Nurse Advice Line 1-866-221-9679

Registered nurses are available 24 hours, 7 days a week to answer questions about specific health problems and to provide assistance with self-care of minor illnesses or injuries.

Stay healthy.

Through Presbyterian's partnership with WebMD, you can create your own health improvement plan. This online tool helps you meet your goals to get healthier, with up to date health information and resources at your fingertips. You may create a personalized health improvement plan that makes it easier to be on your way to better health. Also available through this site is the WebMD Health Record tool. This feature allows you to securely compile and store immunization records, medical history, allergies, and much more in one handy, private location. To get started and take your HRA, go to www.phs.org and sign in or create an account, click on submit and on WebMD Health Manager.

Healthy Advantage Wellness Program

Together, the City of Albuquerque and Presbyterian offer an interactive wellness program to help you improve and maintain your health and well-being. Through health risk assessments, onsite screenings, flu-shot clinics, health fairs, and more, members can follow the steps to healthier living.

Selecting a Physician

Another good way to stay healthy is to become established with a practitioner who can serve as a partner for good health and can help you make the best decisions about your overall medical care. You may locate a practitioner with our convenient, online directory at www.phs.org/directory or call Member Services at (505) 923-5678 or 1-800-356-2219 between the hours of 8:00 a.m. to 5:00 p.m., Monday through Friday.

Live well.

Value Added Discounts

Presbyterian members receive valuable discounts for acupuncture, chiropractic care, massage therapy, hearing hardware, vision services, and more through participating BenefitSource providers.

Smoking Cessation Program

If you'd like to quit smoking or using tobacco products, call the Tobacco Quit Line, 1-888-840-5445, for confidential support at no additional cost.

Medical Benefits At-A-Glance The following is only a summary, some benefits may have further limitations or exclusions.

	Blue Cross and Blue Shield of New Mexico EPO Plan	Presbyterian My Care
	Member's Share of Covered Charges from a Preferred Provider	Active
Annual deductible	None	None
Annual out-of-pocket costs	\$2,500 individual, \$7,500 family ¹	2x your annual premium
Lifetime maximum	Unlimited; certain services have calendar-year or benefit period limitations, as listed below	Unlimited
Physician services		
Office visit	\$25 copay per visit	\$25 copay per visit
Specialist visit	\$40 copay per visit	\$40 copay per visit
Allergy testing	\$40 copay per visit, \$25 copay if PPP*	You pay 20%
Infertility services	Usual copays or coinsurance based on place of treatment and type of service	You pay 50%
Gynecological exam	\$40 copay per visit, \$25 copay if PPP*	\$25 copay
Pre and post natal care	Office visit copay for initial visit; no charge for all other routine visits	\$25 copay per visit to max \$200 (PCP)
Diagnostic X-ray		
PET/MRI	\$50 copay per test ²	\$125 copay per test
Cat Scans	\$50 copay per test ²	\$75 copay per test
Cardiac Cath	Usual copays or coinsurance based on place of treatment and type of service ²	\$200 copay per visit
Preventive Colonoscopy	No charge	No charge
X-Ray and Laboratory	No charge	No charge
Urgent care	\$55 copay	\$35 copay for participating provider
Emergency room	\$150 copay	\$75 copay, waived if admitted
Ambulance	\$75 per trip/ground or \$150 per trip/air	\$50 copay (ground), \$100 copay (air)
Hospital		
Inpatient	\$500 per admission ³	\$500 copay per admission
Outpatient	20% to \$400	20% to \$400 per visit
Speech, physical, occupational therapy - Outpatient	Office visit copay ²	\$40 copay per visit
Acupuncture	\$40 per visit (max. \$1,500 per year)	\$40 copay per visit (20 visits per calendar year, medical necessity)
Durable medical equipment	50% ^{2,4}	You pay 50% with prior authorization
Chiropractic	\$40 per visit (max. \$1,500 per year)	\$40 copay per visit (18 visits per calendar year, medical necessity)
Home Health Care/Hospice	No charge (max. 100 visits per year if not hospice)	No charge
Hospice	No charge ^{2,3} (lifetime max. \$10,000)	\$500 copay per admission
Skilled nursing care	\$750 per admission ³ ; office visit copay ² ; max. 60 days/visits per year	\$500 copay per admission
Dialysis	No charge ²	You pay 20%
Mental Health		
Inpatient	\$500 copay per admission ³	\$500 copay per admission
Outpatient	\$40 per visit	\$40 copay per visit
Substance Abuse		
Inpatient	\$500 copay per admission ³	\$500 copay per admission
Outpatient	\$40 per visit	\$40 copay per visit
Prescription drugs		
Retail	Generic \$10; brand \$35 if on Drug List, \$60 if not on Drug List; Specialty Pharmacy Program: 50% up to \$150 max. copay per prescription	Generic \$10, brand \$35, non-preferred \$55 (30 days up to the maximum dosing recommended by the manufacturer) When generic available but chooses brand, \$20 plus difference in cost
Mail Order	Generic \$20; brand \$70 if on Drug List, \$120 if not on Drug List	Generic \$20, brand \$87.50, non-preferred \$165 (90 days up to the maximum dosing recommended by the manufacturer) When generic available but chooses brand, \$20 plus difference in cost

* A Primary Preferred Provider (PPP) is a preferred physician or other professional provider in one of the following categories of practice: Family or General Practice, Internal Medicine, Pediatrics, Obstetrics and Gynecology, and Gynecology Only.

¹There is no deductible to meet. After a member (or family) reaches the out-of-pocket limit during a calendar year, BCBSNM pays 100 percent of that member's (or family's) covered charges for the remainder of the calendar year.

²Certain services are not covered if prior approval is not obtained from BCBSNM (or Mesa Mental Health). See a benefit booklet for details.

³Admission review is required for inpatient admissions. You pay a \$400 penalty for covered facility services if approval is not obtained. Some services, such as transplants, require additional approval. If you do not receive approval for these individually identified procedures and services, benefits for any related admissions will be denied.

⁴Rental benefits for medical equipment and other items will not exceed the purchase price of a new unit.

For a more complete description please refer to each plan's member certificate, schedule of benefits or group subscriber agreement.

Presbyterian My Care		
Family	Independent	
	Network	Out-of-Network ²
None	None	\$500 individual, \$1,500 family
2x your annual premium	2x your annual premium	\$6,000 individual, \$18,000 family ³
Unlimited	Unlimited	\$2 million
\$30 copay (adult), \$15 copay (child)	\$30 copay per visit	You pay 40%
\$45 copay (adult), \$30 copay (child)	\$45 copay per visit	You pay 40%
You pay 20%	You pay 20%	You pay 40%
You pay 50%	You pay 50%	Not covered
\$30 copay (adult), \$15 copay (child)	\$30 copay per visit	You pay 40%
\$30 copay per visit to max \$300 (PCP)	\$30 copay per visit to max \$300 (PCP)	You pay 40%
\$200 copay per test (adult) \$100 copay per test (child)	\$125 copay per test	You pay 40% ^{1,4}
\$125 copay per test (adult) \$75 copay per test (child)	\$75 copay per test	You pay 40% ^{1,4}
\$300 copay per test (adult) \$175 copay per test (child)	\$200 copay per test	You pay 40% ^{1,4}
No charge	No charge	No charge
No charge	No charge	No charge
\$40 copay (adult), \$25 copay (child) if PPP*, Non-participating provider: \$50 (adult), \$30 copay (child)	\$45 copay per visit	\$55 copay per visit
\$75 copay per visit, waived if admitted	\$75 copay, waived if admitted	\$75 copay, waived if admitted
\$50 copay (ground), \$100 copay (air)	\$50 copay (ground), \$100 copay (air)	\$50 copay (ground), \$100 copay (air)
\$500 copay per admission (adult) \$350 (child)	\$500 copay per admission	You pay 40% ^{1, 4}
20% to \$400 per visit (adult) 20% to \$200 per visit (child)	20% to \$400 per visit	You pay 40% ^{1, 4}
\$45 copay per visit (adult), \$30 copay per visit (child)	\$45 copay per visit	You pay 40% ^{1, 4} (2 months per condition)
\$45 copay per visit (adult), \$30 copay per visit (child)	\$45 copay per visit	You pay 40% ^{1, 4}
You pay 50% with prior authorization	You pay 50% with prior authorization	You pay 50% ^{1,4}
\$45 copay per visit (adult), \$30 copay per visit (child)	\$45 copay per visit	You pay 40% ^{1, 4}
No charge	No charge	You pay 40% ^{1,4}
\$500 copay per admission (adult) \$350 (child)	\$500 copay per admission	You pay 40% ^{1,4}
\$500 copay per admission (adult) \$350 (child)	\$500 copay per admission	You pay 40% ^{1,4}
You pay 20%	You pay 20%	You pay 40% ^{1, 4}
\$500 copay per admission (adult) \$350 (child)	\$500 copay per admission	You pay 40% ^{1,4}
\$45 copay per visit (adult), \$30 (child)	\$45 copay per visit	You pay 40% ^{1,4}
\$500 copay per admission (adult) \$350 (child)	\$500 copay per admission	You pay 40% ^{1,4}
\$45 copay per visit (adult), \$30 (child)	\$45 copay per visit	You pay 40% ^{1,4}
Generic \$10, brand \$30, non-preferred \$50 (30 days up to the maximum dosing recommended by the manufacturer) When generic available but chooses brand \$20 plus difference in cost	Generic \$10, brand \$30, non-preferred \$50 (30 days up to the maximum dosing recommended by the manufacturer) When generic available but chooses brand \$20 plus difference in cost	Not covered unless an emergency outside service area (deductible doesn't apply)
Generic \$20, brand \$75, non-preferred \$150 (90 days up to the maximum dosing recommended by the manufacturer) When generic available but chooses brand \$20 plus difference in cost	Generic \$20, brand \$75, non-preferred \$150 (90 days up to the maximum dosing recommended by the manufacturer) When generic available but chooses brand \$20 plus difference in cost	Not covered

¹ Prior authorization/benefit certification applies.

⁴ A 15% penalty applies if benefit certification is not obtained.

² In-network Providers will not charge you the difference between the covered charge and the billed charge for covered services; Out of Network Providers may charge you the difference.

⁵ Group subscriber agreement supercedes Medical Benefits At-A-Glance chart.

³ Calendar year deductible and Rx copays do not apply to out of pocket max.

Exclusions to Coverage for the Medical Plans

The following exclusions and limitations apply to both the BCBSNM and the Presbyterian Health Plan My Care medical plans. Items with a “*” may be eligible for reimbursements under the Presbyterian Health Plan Unique Services Reimbursement Program (See page 10 for a summary)

Any exclusion listed would not be applicable if Covered under FIT Program in accordance with that which is required under N.M.S.A. § 59A-46-38.1. Refer to your Group Subscriber Agreement for details.

- Alternative/complementary therapies, except as specified in the Group Subscriber Agreement (GSA)*
 - Any service, treatment, procedure, facility, equipment, drugs, drug usage, device or supply determined to be not medically necessary or accepted medical practice
 - Artificial aids including speech synthesis devices except items identified in the Group Subscriber Agreement (GSA)
 - Athletic trainers*
 - Autopsies and/or transportation costs for deceased Members
 - Baby food (including baby formula or breast milk) or other regular grocery products that can be blenderized for oral or tube feedings
 - Benefits and services not specified as covered
 - Biofeedback, except as specified in the Group Subscriber Agreement (GSA)
 - Cancer Clinical Trials are limited to phase 2, 3 and 4 and must be provided for in the State of New Mexico in accordance with the provisions set forth in the Group Subscriber Agreement (GSA)
 - Care for conditions which State or local law requires be treated in a public or correctional facility
 - Care for military service connected disabilities to which the member is legally entitled and for which facilities are reasonably available to the member
 - Charges that are determined to be unreasonable by the carrier
 - Circumcisions performed other than during the newborn's hospital stay unless medically necessary
 - Clothing or other protective devices including prescribed photoprotective clothing, windshield tinting, lighting fixtures and/or shields, and other items or devices whether by prescription or not
 - Co-dependency treatment
 - Convenience items
 - Cosmetic surgery, treatments, devices, orthotics, and medications, including treatment of hair-loss
 - Costs for extended warranties and premiums for other insurance coverage
 - Counseling - sex, pastoral/spiritual, and bereavement counseling
 - Court ordered evaluation or treatment, or treatment that is a condition of parole or probation or in lieu of sentencing, such as alcohol or substance abuse programs and/or psychiatric evaluation or therapy
 - Covered services obtained from a non-participating provider/practitioner, except as provided in the Group Subscriber Agreement (GSA) (Not applicable to the Presbyterian Independent option or to the services eligible for reimbursement under the Unique Services Reimbursement Program services)
 - Custodial or domiciliary care - including but not limited to eating, bathing, dressing or other self care activities or homemaker services.
 - Dental care and dental x-rays, except as provided in the Group Subscriber Agreement (GSA)*
 - Dental implants*
 - Disposable medical supplies, except when provided in a hospital or a physician's office or by a home health professional
 - Donor sperm
 - Exclusions related to covered durable medical equipment - additional wheelchairs, duplicate items, convenience items, upgraded or deluxe items, repair or replacement due to loss, neglect, misuse, abuse, to improve appearance, for convenience or items under the manufacturer or supplier's warranty
 - Elastic support hose
 - Elective abortions after the 24th week of pregnancy
 - Elective Home Birth and any prenatal or postpartum services connected with an elective home birth
 - Emergency facility used for non-emergent services
 - Exercise equipment and videos, personal trainers, club memberships and weight reduction programs*
 - Experimental/Investigational, as determined by the carriers, drugs, medicines, treatments or procedures
 - Extracorporeal shock wave therapy involving the musculoskeletal system
 - Eye movement therapy.
 - Eye refractive procedures including radial keratotomy, laser procedures, and other techniques*
 - Eyeglasses (Corrective) or sunglasses, frames, lens prescription, contact lenses or the fitting thereof except as provided in the Group Subscriber Agreement (GSA)*
 - Foot care (routine), except as provided in the Group Subscriber Agreement (GSA)
 - "Get acquainted" visits without physical assessment or diagnostic or therapeutic intervention provided
 - Gloves, unless part of a wound treatment kit
 - Hair-loss (or baldness) treatments, medications, supplies and devices including wigs, and special brushes
 - Halfway houses
 - Hearing aids and the evaluation for the fitting of hearing aids
 - Home sleep studies
 - Hospice benefits are not available for the following services: food, housing and delivered meals, volunteer services, comfort items such as, but not limited to, aromatherapy, clothing, pillows, special chairs, pet therapy, fans, humidifiers, and special beds (excluding those covered under durable medical equipment benefits), homemaker and housekeeping services, private duty nursing, pastoral and spiritual counseling or bereavement counseling
 - Hypnotherapy except as part of anesthesia preparation or chronic pain
 - Infant formula
 - In-vitro, GIFT and ZIFT fertilization
 - Lay midwife - Services of a lay midwife or an unlicensed midwife
 - Malocclusion treatment, if part of routine dental care and orthodontics
 - Massage therapy, unless performed by a licensed physical therapist and as part of a prescribed short-term physical therapy program
 - Medical and hospital services of a donor when the recipient of an organ transplant is not a member or when the transplant procedure is not covered
 - New medications for which the determination of criteria for coverage has not yet been established by the carrier
 - Nutritional supplements except as provided in the Group Subscriber Agreement (GSA)*
 - Organ transplants (Non-human), except for porcine (pig) heart valve
 - Orthodontic appliances, endodontics, dental prosthetics, crowns, bridges, and dentures*
 - Orthodontic appliances and orthodontic treatment, crowns, bridges, and dentures used for the treatment of Craniomandibular and Temporomandibular Joint disorders, unless the disorder is trauma related*
 - Orthopedic or corrective shoes, arch supports, shoe appliances, foot orthotics, and custom fitted braces or splints except for patients with diabetes or other significant neuropathies
 - Orthotics (functional foot), except as provided in the Group Subscriber Agreement (GSA) for patients with diabetes or other significant peripheral neuropathies
 - Orthotics/orthosis (Custom Fabricated) except as specified in the Group Subscriber Agreement (GSA).
 - Over-The-Counter (OTC) medications except as specified in the Group Subscriber Agreement (GSA).
 - Personal or comfort items, services or treatments
 - Photophoresis for all conditions other than mycosis fungoides
 - Physical examinations, vaccinations, drugs and immunizations for the primary intent of medical research or non-medically necessary purpose(s) such as, but not limited to, licensing, certification, employment, insurance, flight, travel, passports or functional capacity examinations related to employment
 - Prescription drugs received upon hospital discharge, provided by a hospital pharmacy unless a participating outpatient pharmacy is not available*
 - Prescription drugs requiring a benefit certification when benefit certification was not obtained*
 - Prescription drugs ordered by a non-participating provider or purchased at a non-participating pharmacy unless required due to an emergency occurring outside of the service area*
 - Prescription drug, compounded medications*
 - Prescription drug replacements due to loss, theft, or destruction*
 - Private duty nursing
 - Psychological testing when not medically necessary
 - Residential treatment centers unless for the treatment of alcoholism and/or substance abuse rehabilitation
 - Reversals of voluntary sterilization - male or female
 - Services for which the member is eligible under any governmental program (except Medicaid), or services for which, in the absence of any health service plan or insurance plan, no charge would be made to the member or dependent
 - Services requiring benefits certification when benefit certification was not obtained
 - Sex transformation surgery and drugs relating to sex transformation
 - Sexual dysfunction treatment, including medication, counseling, and clinics, except for penile prosthesis as provided in the Group Subscriber Agreement (GSA)
 - Special education, school testing or evaluations, counseling, therapy or care for learning deficiencies or disciplinary problems. This applies whether or not associated with manifest mental illness or other disturbances. Except as provided for under the Family, Infant and Toddler (FIT) Program. Refer to the Group Subscriber Agreement (GSA) for more information
 - Special medical foods, except as listed as covered in the Group Subscriber Agreement (GSA) for Genetic Inborn Errors of Metabolism
 - Storage or banking of sperm, ova (human eggs), embryos, zygotes, or other human tissue
 - "Telephone visits and electronic mail (Email)" by a Physician or "environmental intervention" or "consultation" by telephone for which a charge is made to the patient
 - Transportation costs for deceased members
 - Travel and lodging expense, except as provided in the Group Subscriber Agreement (GSA)
 - Vision care (routine) and eye refractions for determining prescriptions for corrective lenses, except as listed as covered in the Group Subscriber Agreement (GSA)*
 - Visual training
 - Vocational rehabilitation services and long-term rehabilitation services
 - Weight reduction or control treatments, except for medically necessary treatment for morbid obesity*
 - Work-related accidents or injuries or occupational illness or disease if the member is required to be covered under workers' compensation insurance, whether or not such coverage actually exists
- The following is also not covered by the BCBSNM plan:**
- Repair or replacement of durable medical equipment, orthotic appliances and prosthetic devices due to normal wear, loss or damage.
 - Private hospital rooms and/or private duty nursing except as provided in the Home Health Services as noted in the Group Service Agreement (GSA)
 - The following services are excluded from coverage regardless of clinical indications: Macromastia or Gynecomastia Surgeries; Surgical treatment of varicose veins; Abdominoplasty; Panniculectomy; Rhinoplasty; Blepharoplasty; Redundant skin surgery; Removal of skin tags; Acupressure; Craniosacral/cranial therapy; Dance therapy, movement therapy; Applied kinesiology; Rolting; Prolotherapy; and Extracorporeal shock wave lithotripsy (ESWL) for musculoskeletal and orthopedic conditions.
 - Fees associated with the collection or donation of blood or blood products, except for autologous donation in anticipation of scheduled services where in the Healthplan Medical Director's opinion the likelihood of excess blood loss is such that transfusion is an expected adjunct to surgery.
 - Genetic screening or pre-implantation genetic screening. General population-based genetic screening is a testing method performed in the absence of any symptoms or any significant, proven risk factors for genetically-linked inheritable disease.
- The following is also not covered by the Presbyterian Health Plan My Care plan:**
- Independent option - The following services are not covered on the out-of-network option: Organ transplants, infertility services, cardiac and pulmonary rehabilitation, covered medications, prescription drugs, specialty pharmaceuticals and special medical foods.

The above is only a summary, some benefits may have further limitations or exclusions. For a more complete description please refer to each plan's member certificate, schedule of benefits or group subscriber agreement.



Dental Plans

Plan Benefits

Each of the dental plan options provides comprehensive dental coverage for enrolled members. On the next pages you will find a general description of each of the options, followed by a Benefits-At-A-Glance chart comparing key benefits of the plans.

In choosing a dental plan it is important to consider the types of services covered and the dental providers available to you. Benefits are based on four main classifications of services:

- **Diagnostic and Preventive** usually includes: cleanings, exams, X-rays, sealants and fluoride treatments
- **Basic** usually includes: fillings, root canals, periodontics, extractions, oral surgery and general anesthesia
- **Major** usually includes: crowns, bridges and dentures
- **Orthodontics** usually includes: diagnostic and retention treatment

Learn More

You can find more information at <http://eweb.cabq.gov/>

Keep in mind this information is a summary only, and you should refer to each plan's official Summary Plan Description for full details, including all limitations and exclusions.

Your Choices

You may choose to enroll yourself and your eligible dependents in one of two dental options:

- Delta Dental Plan of New Mexico
- United Concordia Flex

Cost of Coverage

No matter which plan you choose, your employer will pay a portion of the premium. Your portion of the cost is taken on a per pay period basis. Your cost depends on the plan you choose as well as what family members you enroll.

Take care of your mouth; Take care of your body.

By maintaining good oral health, you can help take care of the rest of your body.

Delta Dental helps make maintaining good oral health easy with Diagnostic and Preventive Care benefits that never reduce the Annual Plan Maximum. These important benefits (routine cleanings, oral exams and X-rays) can be scheduled twice a year knowing that the full \$1,500 will always be available should more costly non-routine procedures be needed.

To receive 100% Preventive Care coverage, visit a Delta Dental PPO dentist. Regardless of which type of Delta Dental dentist is selected, a deductible never applies to Preventive Care.

Need other kinds of dental care? Under the Delta Dental Point-of-Service Plan, the choice of which type of network dentist to use is always yours. Delta Dental PPO dentists are subject to lower fee maximums, and that reduces the dollar amount of out-of-pocket costs when copayments do apply. Delta Dental Premier allows the greatest access, including every type of Specialists.

Your plan, your choice!

LINKS BETWEEN ORAL HEALTH

Mouth

Many of the drugs prescribed for systemic conditions can cause dry mouth. Dry mouth makes periodontal disease worse and increases susceptibility to tooth decay. Signs of many diseases and infections affecting overall health appear in the mouth and can be identified by your dentist during an oral exam.

Pancreas

Individuals with gum disease have twice the prevalence of Diabetes as those without it; individuals with Diabetes are at greater risk for periodontal disease. Unmanaged gum disease disrupts the control of blood sugars, making our bodies more resistant to the insulin produced by the Pancreas and increasing the risk for serious complications of Diabetes such as heart disease.

Reproductive Tract

Studies indicate that women who receive scaling and root planing (periodontal treatment) during pregnancy have as much as an 84% reduction in the rate of premature births.

Brain

Periodontal (gum) disease increases the risk of stroke because bacteria in the mouth can increase the chance of developing the blood clots which cause strokes.

Heart

People who have uncontrolled periodontal disease are four times more likely to develop heart disease. Also, the control of heart disease is more difficult in patients who have gum disease that is not well controlled.

Bones

There may be a link between Osteoporosis and bone loss in the jaw. The jaw bone anchors our teeth. When it becomes less dense, tooth loss can occur. Drugs prescribed for bone loss may increase the chances of complications after routine dental care.

Enroll today!

Delta Dental PPOSM

- Over 744 points of access in New Mexico.
- Over 125,000 dentist locations nationally, with dentists in all 50 states.
- Features a fee schedule that helps make dental services more affordable and reduces out-of-pocket costs at the time services are received.

Delta Dental Premier[®]

- The broadest selection of dentists – over 370 points of access in the Albuquerque Metro area; over 1,000 places to access in-network care statewide.
- With almost 203,700 dentist locations nationally, and dentists in all 50 states, Delta Dental Premier is the nation's most extensive dental network.

Use Participating Providers! Out-of-pocket costs will be typically be much lower if services are received from a dentist who participates in one of Delta Dental's provider networks. Maximum Approved Fees are greatly reduced for out-of-network services, and non-participating dentists may balance bill patients up to the full amount of their submitted charges.

United Concordia Dental Plan Highlights

Valuable benefit feature included with your plan!

Your United Concordia dental plan includes our **Preventive Incentive®** benefit feature. With *Preventive Incentive*, any benefit dollars paid for **ALL** covered Diagnostic and Preventive (Class I) services do **not** reduce your annual maximum. Therefore, you will have more benefit dollars available for other covered dental services you may need.

Services that qualify for the **Preventive Incentive** feature include:

- Cleanings
- Exams
- X-rays
- Fluoride treatments for dependent children
- Emergency treatment for the relief of pain
- Sealants for dependent children

Benefits of choosing a network dentist

Through your Concordia Flex dental plan, you have access to the **Concordia Advantage Plus** network of dentists. While you can visit any dentist or specialist without a referral, you will maximize your benefits by visiting an Concordia Advantage *Plus* network dentist.



You can:

- **Save money**—Because our network dentists accept our allowances as payment in full for covered services, there's no balance-billing and you save more out of pocket.
- **Save time**—Our network dentists agree to file claims, so it's one less thing for you to worry about.

To find an Concordia Advantage *Plus* network dentist, visit our website at UnitedConcordia.com and click on *Find a Dentist*.




Preventive
Incentive®

More Benefits. More Smiles. Now.

**Receive a cleaning,
exam, x-ray, or
ANY Class I service,
and it won't count
toward your annual
maximum!**

Dental Benefits At-A-Glance

This is a highlight of the benefits only. Refer to your member certificate or group subscriber agreement for specific details, including limitations and exclusions.

Delta Dental of New Mexico		
	Delta Dental PPO	Delta Dental Premier
Annual Benefit Maximum (per plan year)  Preventive Care Security (PCS) included. Benefits paid for Diagnostic and Preventive Services <i><u>never</u></i> reduce the Annual Benefit Maximum	\$1,500 per person	
Deductible	\$50 per person, \$150 family (lifetime max)	
Lifetime Orthodontic Benefit Maximum	\$1,200 per person	
Diagnostic and Preventive Services		
Examples of Diagnostic and Preventive Services include: Cleanings, Exams, X-rays, Fluoride treatment, Sealants, Emergency treatment for the relief of pain	Plan pays 100% no deductible applies	Plan pays 80% no deductible applies
Basic Services		
Examples of Basic Services include: Fillings, Stainless steel crowns, Root canals, Periodontics, Oral surgery, Prescription medications for dental related conditions	Plan pays 85% subject to deductible	Plan pays 85% subject to deductible
Major Services		
Examples of Major Services include: Specified implant services, Crowns, Partial or complete dentures, Bridges	Plan pays 50% subject to deductible	Plan pays 50% subject to deductible
Orthodontic Services		
Diagnostic, active and retention treatment for adults and children	Plan pays 50%	Plan pays 50%

The benefit levels shown are subject to the applicable Delta Dental Maximum Approved Fees, which are less for Delta Dental PPO dentists than Delta Dental Premier dentists. Because the cost of dental care is less when treatment is received from a Delta Dental PPO dentist, receiving services from these dentists, whenever possible, will result in lower out-of-pocket costs.

Out-of-pocket costs may be significantly higher if services are received from a dentist who does not participate in one of Delta Dental's provider networks. Maximum Approved Fees are greatly reduced for out-of-network services, and non-participating dentists may balance patients up to the full amount of their submitted charges.

Enrolled persons are entitled to a PRE-DETERMINATION OF BENEFITS anytime more costly procedures are anticipated. When requested by a dental provider, an advance estimate of benefits payable can be provided by Delta Dental before dental care services are received. Pre-determination is strongly recommended and there is no charge for this service.

Network: Concordia Advantage <i>Plus</i>	United Concordia
	United Concordia Dental Plan ¹
Annual Benefit Maximum (per plan year) Preventive Incentive[®] included: Benefit dollars paid for covered Diagnostic and Preventive services do not reduce your Annual Benefit Maximum.	\$1,500 per person
Annual Deductible	\$25 per individual, \$75 per family
Lifetime Orthodontic Benefit Maximum	\$1,200 per person
Diagnostic and Preventive Services ²	
Examples of Diagnostic and Preventive Services include: Cleanings, Exams, X-rays, Fluoride treatment, Sealants, Emergency treatment for the relief of pain	Plan pays 100% of allowable amount, no deductible applies (except when visiting a non-network dentist)
Basic Services ³	
Examples of Basic Services include: Fillings, Stainless steel crowns, Root canals, Periodontics, Oral surgery, Prescription medications for dental related conditions	Plan pays 85% of allowable amount after deductible
Major Services	
Examples of Major Services include: Specified implant services, Crowns, Partial or complete dentures, Bridges	Plan pays 50% of allowable amount after deductible
Orthodontic Services	
Diagnostic, active and retention treatment for dependent children to age 25	Plan pays 60% up to lifetime maximum

1. Plan pays percentage of United Concordia's allowances for covered services received from any dentist. However, additional out-of-pocket costs may apply when visiting a non-network dentist.

2. Fluoride: 2 per year up to age 19. Sealants: permanent molars only.

3. Amalgam fillings on posterior teeth. Composite resin fillings for anterior teeth only.

The Importance of Annual Eye Examinations

Did you know that a Dilated Fundus Evaluation can detect up to 30 systemic diseases? That's right... in addition to ensuring proper eyesight, regular eye examinations allow doctors to detect and treat diseases at the earliest possible opportunity. The eyes are the window into the entire body, and a comprehensive eye examination can be as important for your overall health, as it is, for ocular health. An eye examination that includes dilation (Dilated Fundus Evaluation) can uncover signs of hypertension, AIDS, arteriosclerosis, diabetes, Graves' disease, stroke, high cholesterol and many other conditions, as well as common eye disorders.

Annual comprehensive eye examinations are of vital importance in preventing and/or delaying eye disease for those at higher risk for eye disease, such as those over age 65, people with diabetes and African Americans over age 40.

Children's Eye Examinations

Visual disorders can be detected in children as young as six months. Eye examinations for infants, preschoolers and school-age children can protect against vision-threatening disorders. The American Public Health Association recently issued an official policy resolution urging regular eye examinations for all children. Treatment for visual development or eye health problems will be most effective when introduced at the earliest stages. Ideally, well-child eye examinations should begin at age three and be scheduled regularly thereafter to ensure there is no evidence of eye disease.

Vision Impacts Learning

Children under 12 learn by visual cues. In the first 12 years, 80% of all learning takes place visually. Visual impairment can significantly handicap a child's intellectual and emotional growth, as well as social development. Vision problems affect one in four children between the ages of five and 12. Many parents rely on vision screenings offered in schools or by pediatricians to detect vision concerns, but these screenings are not thorough. They can detect vision problems in only 20%-30% of children, and may not expose problems of eye muscle coordination, eye disease, peripheral vision or shortcomings in near/distance vision. A thorough eye examination should be provided.



Healthy eyes... healthy lives!

Vision Plan

Employees are offered vision care benefits through Davis Vision. Remember routine eye examinations are not offered through the medical plans.

Davis Vision Plan Benefits

The Vision Plan offers coverage for general vision benefits such as eye examinations, eyeglasses and contact lenses throughout the state. Providers represent all types of vision specialists, including: private optometrists, ophthalmologists, free-standing retail stores and optical centers located within national retail department stores. Call 1-800-999-5431 to find a network provider near you or access the directory online at www.davisvision.com.

A description of coverages is listed below. Keep in mind that this information is a summary only, and you should refer to the plan's official Summary Plan Description for full details, including all limitations and exclusions.

Service	Frequency	In-Network Coverages	Out-of-Network Reimbursement ^{1/}
Eye Examination (includes Dilated Fundus Evaluation)	Every 12 Months	Covered in full after \$10 copayment	up to \$35
Spectacle Lenses	Every 12 Months	Covered in full after \$15 copayment	up to:
Single-vision			\$25
Bifocal			\$40
Trifocal			\$55
Lenticular			\$80
Frames	Every 24 Months	Premier Collection frame covered in full after \$15 copayment, OR \$40 wholesale frame allowance (equivalent to \$80 - \$120 retail value) toward any non-Collection frame	up to \$35
Contact Lenses (in lieu of eyeglasses)	Every 12 Months	Formulary Lenses covered in full, OR \$110 allowance, plus 15% discount off any overage toward non-Formulary lenses	up to \$110
Medically necessary (prior approval required)		Covered in full	up to \$210

^{1/} To request claim forms, visit www.davisvision.com or call 1-800-999-5431. Completed claim forms should be sent to Davis Vision directly for reimbursement. Send to: Vision Care Processing Unit, P.O. Box 1525, Latham, N.Y. 12110.

Cost of Coverage

When you enroll in the vision plan, you are responsible for part of the premium cost, which is taken on a per-pay-period basis. The amount depends on which family members you enroll.

As a safeguard to protect the utilization of the Vision Plan, City of Albuquerque and participating entities have a 2-year enrollment requirement under this plan. You and each member of your family have to fulfill the 2-year enrollment requirement before you can drop vision coverage.



Contact Lens Formulary



Exclusive Frame Collection

Basic Life and AD&D Insurance

If you are an eligible permanent full-time or part-time employee, you are covered by the CIGNA basic life and accidental death and dismemberment (AD&D) plan. The City provides this coverage at no cost to you.

Basic Life Benefit

If you die, the plan will pay your designated beneficiary a benefit of 1.4 times your basic yearly compensation, rounded to the next higher \$1,000. Regardless of the amount of your basic yearly compensation, the benefit will not be less than \$25,000 or greater than \$50,000.

When you retire, your coverage will reduce by 50%. Your employer will continue to provide this coverage at no cost to you. You may convert the lost coverage as outlined below.

Converting Your Coverage

When your coverage is reduced or ends (for any reason except nonpayment of premiums) you can convert the lost coverage to an individual permanent life insurance policy. No medical certification is needed. To convert coverage, you must apply for the conversion policy and pay the first premium payment within 31 days after group coverage ends. Converted policies are subject to certain benefits and limits as outlined in the conversion brochure which may be requested as needed.

Accident Insurance Benefit

The plan will also pay benefits for losses due to covered accidents. A covered accident is a sudden unforeseeable event that results in injury or death and that occurs while coverage is in force. The AD&D benefit amount is the same as the Basic Life benefit amount. The full benefit will be paid in the event of accidental loss of life occurring within 365 days of a covered accident. Or, to help survivors of severe accidents adjust to new living circumstances, a percentage of the benefits will be paid for dismemberment and/or loss of eyesight.

Waiver of Premium

If you become totally disabled - To make sure you can keep the life insurance protecting you during a difficult period of your life, this plan provides a waiver of premium feature. If you submit proof that you became totally disabled prior to age 60 and have remained continuously totally disabled at least 9 months, your coverage will continue until age 65, subject to proof of continuing disability each year. You are considered totally disabled when you are completely unable to engage in any occupation for wage or profit because of injury or sickness.

Will Preparation Program

When you are covered by CIGNA life insurance, CIGNA's Will Center makes it easy for you to take charge of difficult life and health legal decisions. There are no more reasons to hesitate planning for the future with the online will preparation service. You can easily complete essential life and health legal documents online at no cost to you. CIGNA's Will Center is secure, easy to use, and available to you seven days a week, 365 days a year. Go to CIGNAWillCenter.com. To access your Personal Estate Planning web page, simply complete the online form and register as a new user. Once registered, you can immediately start building your will and other legal documents.



CIGNA

A Business of Caring.

Learn More

To learn more, call 505-768-3758.

Help.

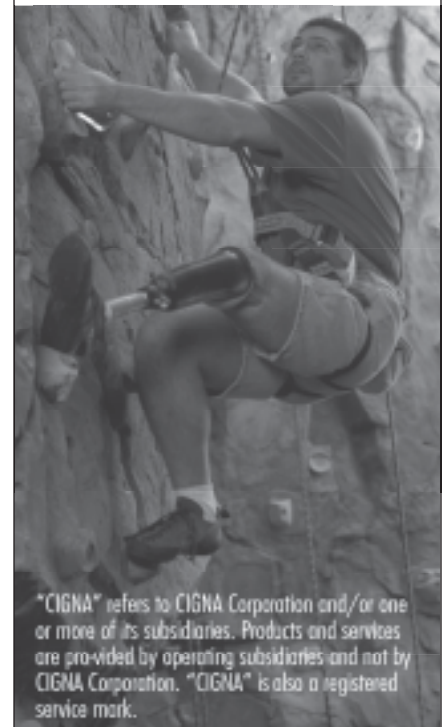
A good job, a hard day's work are the threads from which pride and self-respect are woven. Should a disabling accident or illness cut those threads, planning ahead can make an enormous difference. We focus on making sure people are prepared. And use some innovative ways to help them get back on their feet faster. We've found that when you remind people how much fun life is, they can't wait to be a part of it.



CIGNA

A Business of Caring.

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"CIGNA" refers to CIGNA Corporation and/or one or more of its subsidiaries. Products and services are provided by operating subsidiaries and not by CIGNA Corporation. "CIGNA" is also a registered service mark.

Voluntary Life Insurance

If you would like to purchase additional life insurance protection for you or your dependents, you may do so through CIGNA's voluntary life insurance. You must be a full-time employee and work a minimum of 20 hours per week to be eligible. This plan is a voluntary plan, meaning if you participate you are responsible for the entire cost of the premium.



A Business of Caring.

Voluntary Coverage for Yourself

You can buy coverage for yourself in increments of \$10,000 up to \$500,000. If you purchase an amount greater than \$250,000 or increase coverage after initial eligibility, you will need to provide evidence of insurability. Death benefits will be reduced by 50% at age 70. And, your coverage ends when you retire. Reduced or terminated coverage may be converted to an individual permanent life insurance policy. Please refer to your Group Insurance Certificate, or to the conversion brochure available from Human Resources, for details.

If you become totally disabled before turning 60 years old, your coverage will remain in force without needing to pay premiums provided the insurance company approves you for this waiver of premium benefit. There is a nine-month waiting period and benefits will continue to age 65, as long as you remain totally disabled and provide proof each year. If you become terminally ill, you may receive 50% of your death benefit up to \$250,000.

When you enroll in the voluntary life plan, you pay the premium cost through payroll deductions. The chart to the right shows your cost depending on your age and whether or not you smoke. You are considered a smoker if you used any form of tobacco in the last 12 months. Deductions are taken on a per pay period basis.

A sample contribution calculation

Employee (age 28, non-smoker)	$\$250,000 \div 10,000 = 25 \text{ units}$ 25 units X \$0.215 per unit	= \$5.38
Spouse/Domestic Partner (age 24, smoker)	$\$100,000 \div 10,000 = 10 \text{ units}$ 10 units X \$0.443 per unit	= \$4.43
Children	\$10,000 benefit level	= \$0.96
Total Bi-weekly Cost		\$10.77

Additional AD&D Coverage

When you and/or your spouse/ domestic partner enroll in voluntary life insurance you automatically receive additional AD&D coverage of \$20,000.

Rate Per \$10,000

Age	Smoker Rate	Non-Smoker Rate
Less than 30	\$0.443	\$0.215
30-34	\$0.550	\$0.275
35-39	\$0.882	\$0.443
40-44	\$1.218	\$0.658
45-49	\$2.258	\$1.271
50-54	\$3.381	\$1.880
55-59	\$4.925	\$2.709
60-64	\$6.248	\$3.486
65-69	\$9.230	\$5.198
70-74	\$17.577	\$9.786
75-79	\$27.290	\$15.194
80 and older	\$65.573	\$36.572

Voluntary Coverage for Your Dependents

If your spouse/domestic partner or child is also an employee of the same employer, they may only be covered as an employee or a dependent. No one may be covered as both an employee and spouse/domestic partner or employee and child.

If you decide to purchase coverage for your spouse/domestic partner, you may purchase coverage in increments of \$10,000 up to \$500,000, whether or not you purchase coverage for yourself. Rates are based on age and whether or not your spouse/domestic partner smokes. They are considered a smoker if they used any form of tobacco in the last 12 months. If you purchase an amount of dependent life coverage greater than the coverage amounts in the table to the right or increase coverage after initial eligibility, evidence of insurability will apply, which means you need to supply proof of good health which is acceptable to the insurance company.

You can also enroll your children in the plan. Coverage starts for children at least 14 days old through age 26. You can purchase coverage in increments of \$2,500 to a maximum of \$10,000. Coverage is limited to \$500 for children 14 days to six months old. You and/or your spouse/domestic partner must be enrolled to enroll your dependent children.

Employee Coverage Amount	Spouse/Domestic Partner Coverage Guaranteed Amount
\$50,000	\$10,000
\$100,000	\$20,000
\$150,000	\$30,000
\$200,000	\$40,000
\$250,000	\$50,000

Child Coverage Amount	Rate
\$2,500	\$0.240
\$5,000	\$0.480
\$7,500	\$0.720
\$10,000	\$0.960

Guarantee issue is available only at initial eligibility. All other requests for coverage are subject to underwriting approval. Rates for age 75 and over apply to active, full-time employees only. Spouse/domestic partner coverage ends at age 75. Suicide is excluded for the first two years of voluntary life coverage. Exclusions for the AD&D coverage will be listed in the enrollment brochures. This is a summary of group term life insurance coverage available under CIGNA Group Insurance. For specific provisions, please contact the City of Albuquerque Insurance Office (505-768-3758). Underwritten by Life Insurance Company of North America. This information is a brief description of the important features of the plan. It is not a contract. In the event of a discrepancy between this summary and the group insurance policy, benefits will be paid according to the terms and conditions of the policy. Please refer to your Life Insurance Company of North America brochure for a complete description of benefits, limitations and exclusions.

Long-Term Disability Coverage

The long-term disability (LTD) plan pays benefits if you become disabled for an extended period of time. If you are a full-time employee and you work a minimum of 20 hours per week, you may purchase LTD insurance through CIGNA. This plan is a voluntary plan, meaning if you participate you are responsible for the entire cost of the premium.

Your Age	Cost Per Dollar of Bi-weekly Payroll
Less than 20	\$0.00262
20-24	\$0.00262
25-29	\$0.00262
30-34	\$0.00406
35-39	\$0.00406
40-44	\$0.00536
45-49	\$0.00770
50-54	\$0.01004
55-59	\$0.01199
60-64	\$0.01238
65 and older	\$0.01238

A sample contribution calculation

Your salary = \$32,000 at age 32

\$32,000 divided by 26 pay periods = \$1,231

\$1,231 multiplied by \$0.00406 (rate) = \$5.00 per paycheck

Bi-weekly salary maximum is \$3,846.

The LTD benefit provides you with income when you are unable to work for at least 90 days. You must be disabled as a result of a covered injury or sickness, and you must be under the appropriate care of a licensed, practicing physician who is qualified to treat your disability. Once you have been approved by CIGNA and disabled for 90 days of continuous disability, you will begin to receive disability benefits up to 60% of your eligible prior pay not to exceed \$5,000 of benefits per month. (The minimum monthly benefit is \$50.) The maximum amount may be reduced if you are receiving other sources of disability income from programs such as:

- Workers' compensation
- Social Security
- Another group disability or State disability plan
- A retirement plan, including PERA sponsored by your employer
- A dependent's coverage in which benefits are payable due to a covered person's disability
- Other government plans

If you are diagnosed with mental illness, drug or alcoholism benefits are limited to a 24-month lifetime maximum.

If you die while receiving benefits from the plan, a three-month sum will be paid to your beneficiary.

This plan contains a pre-existing limitation. This means that if you received medical treatment within three months before your coverage becomes effective, the plan will not pay benefits for a disability related to that condition. This limitation does not apply to a disability that begins after you are covered for at least 12 months after your coverage takes effect.

Underwritten by Life Insurance Company of North America. A list of exclusions and limitations is included in the enrollment brochure. This information is a brief description of the important features of the plan. It is not a contract. In the event of a discrepancy between this summary and the group insurance policy, benefits will be paid according to the terms and conditions of the policy. Please refer to your Life Insurance Company of North America brochure for a complete description of benefits, limitations and exclusions.



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Definition of Disability

In order to receive benefits, you must be considered disabled under the plan, which generally means:

- **For the first 24 months of your disability**, you are not able to perform the duties of your own occupation and you are unable to earn more than 80% of your prior income.
- **After 24 months of disability**, you are not able to perform the duties of any occupation and you are unable to earn more than 60% of your prior income.

See the plan document for details, including limitations and exclusions.

Flexible Spending Accounts

You may choose to participate in one or both of the flexible spending accounts:

- Medical Care Reimbursement Account
- Dependent Care Reimbursement Account

These accounts are administered by BASIC, who holds your payroll deductions and makes reimbursements to you out of your account(s). You must complete the Flexible Benefit Plan Election/Change Form and the Direct Deposit Authorization Form (located on the back of the enrollment form) to participate.

The medical care reimbursement account lets you set aside tax-free dollars for a wide range of health-related expenses that are not covered by the medical, dental or vision plans. You do not have to enroll in the medical, dental or vision plans to participate in this program.

The dependent care reimbursement account lets you set aside tax-free dollars for eligible day care expenses for your dependents.

For expenses to qualify:

- You and your spouse must be employed or actively seeking employment or attending school full time.
- Dependent care provider must claim payments as income.
- Dependent care expenses paid during a sick leave, holiday, or vacation are not eligible.
- Expenses must be for the care of a qualified person:
 - A child under 13 years old who is a dependent for income tax purposes. (If your child turns 13 during the plan year, expenses are no longer eligible for reimbursement.)
 - A spouse or dependent who is incapable of self-care and regularly spends at least eight hours per day in your home (i.e. an invalid parent). The same rules that apply for child care apply to the care of other dependents, except that the dependent need not be under age 13.

How the Accounts Work

First, you must incur an eligible expense. Then, you submit a Reimbursement Form and receipts to BASIC. You will receive the reimbursement through direct deposit if you complete the Direct Deposit Authorization Form. Since you are reimbursing yourself with “tax-free” dollars, you have more buying power than if you paid for the same expenses with after-tax dollars.

When you enroll, you need to decide how much you would like to contribute to your accounts each year:

- **For the medical care account**, the plan minimum is \$260 (or \$10 per pay check) and the maximum is \$5,000 per eligible employee per year. If you and your spouse are employed by the City each can contribute \$5,000.
- **For the dependent care account**, the plan minimum is \$260 (or \$10 per pay check) and the maximum is \$5,000 (married-filing jointly) or \$2,500 (married-filing separately) each year.

You must carefully consider how much you would like to contribute. Because of the tax break, the IRS requires a “use it or lose it” feature for this benefit. That means if you have not incurred enough qualified expenses by the end of the plan year, it will be forfeited. The \$3.75 fee per participant per month will be paid by the City.

You must enroll each year if you want to continue participating in the flexible spending account program.



Learn More

You can find more information at <http://eweb.cabq.gov/>

www.basiconline.com

The dependent care account is a pay-as-you-go account. You may only be reimbursed up to the amount you have contributed to the account.

You should check with a tax advisor to see what your savings might be if you participate in the flexible spending account program.

Note that you are unable to use certain tax credits if you use the FSA accounts.

Federal regulations do not permit expenses for domestic partners to qualify for the flexible spending accounts.

This is an example of how you can save tax dollars with an FSA.

	With FSA	Without FSA
Annual income	\$40,000	\$40,000
Estimated health care expense	\$3,500	\$0
Taxable income	\$36,500	\$40,000
Estimated federal tax	\$5,475	\$6,000
Estimated Social Security tax	\$2,792	\$3,060
Healthcare expenses	\$0	\$3,500
Net pay	\$28,233	\$27,440
Savings with FSA	\$793	N/A

Eligible FSA medical expenses include:

- Ambulance service
- Birth control
- Copays and deductibles
- Crutches
- Eye glasses
- Nursing care
- Medically prescribed physical therapy
- Orthodontics¹
- Over-the-counter medicines such as pain relievers, antacids, allergy medicines and cold medicines²
- Smoking cessation programs, nicotine patches, and nicotine gum
- Special Needs³

Eligible expenses must be incurred between your effective date and your term date or the end of the Plan Year, whichever is earlier.

For a comprehensive list of eligible expenses, visit www.irs.gov and search for IRS Publication No. 502.

Eligible FSA dependent care expenses include:⁴

- The costs for dependent day care, at home or in a day care center
- Nursery school expenses

For more information, visit www.irs.gov and search for IRS Publication No. 503.

Examples of *ineligible health care*

expenses include Retin-A, weight loss programs, health club dues, diaper service, long-term care expenses.

Examples of *ineligible dependent care*

expenses include transportation expenses, convalescent or nursing home expenses and overnight camp expenses.

Parking and Transit Plan (Section 132 Plan)

Now you can also save money on your transit costs (up to 40%) by joining the parking and transit program administered by BASIC.

You can pay for your work-related parking and mass transit costs with tax-free dollars. Because the City pays the administration fee, there is no cost to participate in this program.

How Much You Can Allocate Tax-Free?

The calendar year limit for mass transit is \$230 per month and \$230 per month for parking.

Any unused funds continue to roll over month-to-month, year-to-year as long as you are an active employee. Requests for reimbursement must be made within six months of the pre-tax contribution.

Enrolling

City-Owned Lots:

You must contact the Parking Division of the Municipal Development Department at 924-3950. By enrolling through them, your monthly salary reduction will automatically be applied to your payment due for parking.

Non-City Lots:

You must enroll online at www.basiconline.com. Click on BASIC Parking. Click on submit expenses to complete the enrollment form.

To receive reimbursement for non-City lot parking, expenses must be submitted online at www.basiconline.com. You will receive your reimbursement by direct deposit only.

What Expenses Are Eligible

Your parking expenses on or near the premises of the City of Albuquerque or a location from which you commute to work by train, bus, van or carpool.

Parking/transit expenses resulting from travel to or from meetings, to visit other City departments, or other locations are ineligible for reimbursement.

¹Reimbursement can only be made in accordance with the orthodontia contract, (e.g., monthly quarterly, etc). The orthodontia contract must be provided with each claim.

²These items must be purchased to alleviate or treat personal injury or sickness. Eligible items do not require a prescription. If the cash register receipt does not show the item description, a copy of the product packaging with price tag will be needed with the receipt.

³The service must be prescribed by a physician to treat a medical condition. Treatment cannot be for general health and/or well being.

⁴The services may be provided in your home or another location, but not by someone who is your minor child or dependent for income tax purposes (i.e. an older child).

- If the services are provided by a day care facility, that facility must comply with state day care regulations.
- Services must be for the physical care of the dependent, not for education, meals, registration, etc.
- Overnight camps and lessons in lieu of day care are not eligible for reimbursement from a dependent care account.



Western USA, Inc.
B.A.S.I.C. FLEX

2526 E. Lee Street
Tucson, AZ 85716

During Open Enrollment:
800-473-0455

After July 1:
800-444-1922, Ext. 1

City Sponsored Benefit

FISCAL YEAR 2011

- City paid benefit
 - No employee cost to join
- Permitted to change contributions
 - Increase/decrease amounts*
 - Drop out of FSA*
- Medical Reimbursement Increase
 - Limit: Up to \$5,000
- Dependent Care Expense
 - Limit: Up to \$5,000

ADVANTAGES

- Save Payroll Taxes
 - 20% to 40% savings on:
 - ▶ Out-of-pocket medical, dental and vision
 - ▶ Day care expenses

QUICK, FAST TURNAROUND ON CLAIMS

- Direct deposit available
- Claims processed daily
- Designated Service Representative
- Debit card option

** If IRS approved status change occurs*

24/7 ACCESS TO ACCOUNT BALANCES

- Toll Free Number
- Internet Access

Aflac's Short-Term Disability

We take many things for granted—until they're gone. For too many of us, this includes our ability to earn an income. We insure our lives, our homes, our automobiles—but not the asset that supports our lifestyles. Disability can happen to anyone. According to the National Safety Council:*

- There is a disabling injury every second.
- A disabling injury occurs in a motor vehicle every 13 seconds.

**Injury Facts, 2008 Edition.*

Aflac's short-term disability insurance policy offers competitive benefits:

- Aflac uses an **"own occupation"** definition of disability, which pays benefits when you are unable to perform the duties of **your** full-time job. Many insurers only offer any occupation coverage, which could make it difficult for you to collect benefits.
- Aflac **does not stipulate** that you must be completely unable to work after the disabling event to begin receiving benefits. Other companies may stipulate that you be unable to work at any job for a length of time before going back to work in any capacity or receiving any disability benefits.
- Aflac pays **full disability benefits** even when you are working at any job and receiving income of up to 80 percent of the pre-disability income, allowing for a gradual return to work during the benefit period while continuing to recuperate.
- The policy belongs to you and is **guaranteed-renewable** to age 70. As long as premiums are paid, Aflac will not cancel the policy—no matter how many claims are filed or no matter how much in benefits the policyholder receives.
- Aflac's plan is **individually-owned** and **portable**, meaning you are able to keep the policy in force even if you change jobs for any reason. Other companies may use the term *portable* when they really mean *convertible*. You are able to keep the **same plan at the same rate**.
- Benefits are paid **regardless of any other insurance** you may have.
- Claims are paid **directly to you**, unless otherwise assigned.

Benefit Amount and Periods

Aflac expresses benefit amounts in scheduled monthly amounts based on the employee's gross salary and the monthly benefit.

Elimination Periods: Accident – 7 days, Sickness – 14 days

Benefit Period: 3 months

Personal Service

In a down economy, you expect more for your hard-earned dollar – more value, more service, and more attention. That is where Aflac fits the bill. Our objective is to provide you with quality plans and services at competitive prices. To accomplish this, we use an innovative and highly-targeted marketing campaign to communicate the value of our plans. However, we recognize that our policies are only as good as the service that supports them. We offer what many companies charge extra for – both a local Aflac servicing agent and Aflac Worldwide Headquarters that support and maintain your policies and keep you happy. Add to that our nationally-recognized customer and claims services and you've got a winning combination.

Your personal Aflac agent, Nancy Hughes, is available to assist with any questions that you might have about Aflac's short-term disability insurance policy and will also be onsite during enrollments. She can be contacted by phone at 505-710-3254. Her office is located at 2403 San Mateo Boulevard, Suite P8, Albuquerque, New Mexico 87110.

Unum's accident insurance offers you and your family the following benefits. Please refer to the chart below for the benefit amounts payable for covered accidents and accident-related expenses.



Accident/Injury	Benefit Amount	Accident/Injury	Benefit Amount
Accidental death		Fractures	
employee	\$25,000	open	up to \$5,000
spouse	\$10,000	closed	up to \$2,500
child	\$5,000	chips	25% of closed amount
The accidental death benefit doubles if the insured is injured as a fare-paying passenger on a common carrier. Employee – \$50,000; Spouse – \$20,000; Child – \$10,000		Hospital admission (per admission)	\$750
Ambulance	\$100	Hospital confinement (per day up to 365 days)	\$200
air ambulance	\$500	Hospital intensive care unit (per day up to 15 days)	\$400
Appliance	\$100	Knee cartilage (torn)	\$500
Blood, plasma and platelets	\$300	exploratory	\$100
Burns		Laceration	\$25-\$400
2nd degree for 36% or more of body surface	\$750	Lodging (per night up to 30 days)	\$100
3rd degree covering at least 9 but less than 35 square inches of body surface	\$1,500	Loss of finger, toe, hand, foot or sight of an eye	
3rd degree for 35 or more square inches of body surface	\$10,000	Loss of both hands, feet, sight of both eyes, or any combination of two or more losses	\$15,000
skin grafts	25% of burn benefit	Loss of one hand, foot or sight in one eye	\$7,500
Catastrophic accident loss of use of sight, hearing, speech, arms or legs (exceptions for PA, NJ and VT noted below)		Loss of two or more fingers, toes or any combination of two or more losses	\$1,500
employee <65 years	\$100,000	Loss of one finger or toe	\$750
spouse or child <65 years	\$50,000	Physical therapy (6 treatments)	\$25 per treatment
age 65-69	Amount reduced 50%	Prosthetic device or artificial limb	
age 70+	Amount reduced 75%	one	\$500
Concussion	\$100	more than one	\$1,000
Dental work, emergency		Ruptured disc	\$400
extraction	\$50	Surgery benefit (open abdominal, thoracic)	\$1,000
crown	\$150	exploratory	\$100
Dislocations		Tendon/ligament and rotator cuff	
open	up to \$4,000	repair of one	\$400
closed	up to \$2,000	repair of more than one	\$600
Doctor's office initial visit	\$50	exploratory only	\$100
Emergency room treatment (includes X-rays)	\$150	Transportation (100+ miles up to 3 trips)	\$300
Eye injury requires surgery or removal of foreign body	\$200		
Follow-up treatment for accident initial follow-up visit	\$50		

Benefits may vary by state. For CO, FL, NC, NH and WA, please refer to the state-specific forms for benefit variations.

Catastrophic accident benefit exceptions: Catastrophic accident benefits are payable after fulfilling a 365-day elimination period. See policy for details. In PA, NJ, and VT, the benefit is paid immediately upon written proof of loss. Sight, hearing and speech are not covered.

Underwritten by:

Provident Life and Accident Insurance Company

1 Fountain Square, Chattanooga, TN 37402

unum.com

AE-1023 (02/09)

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This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states.

The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Form L-21762 or contact your Unum representative.

THIS IS A LIMITED POLICY.



Interest-sensitive whole life insurance

Unum interest-sensitive whole life insurance is designed to provide death benefits to your beneficiaries if you pass away, but it also can build cash value that you can utilize while you are still alive. At an affordable premium, you can have the added financial protection you and your family may need during times of uncertainty.

- Unum interest-sensitive whole life insurance plan is voluntary, which means you can choose whether or not to purchase coverage, and buy only the amount that is right for your needs.
- In addition to providing death benefits, the policy can build cash value, which can be utilized during your working years.
- The policy's accumulated cash value may also be used to buy a smaller, "paid up" policy on which no further premiums are due.
- Available for employees ages 15-80 who are actively at work.¹
- No physical exams are required².
- Family coverage options available for spouse and children.
- Additional coverage options available: waiver of premium rider and accidental death benefit rider.
- Premiums are paid through convenient payroll deduction.
- Individually owned coverage which means you can take your policy with you if you retire or leave the company.

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations, which may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Form L-21794 or contact your Unum representative.

Specified Critical Illness Insurance

Unum's specified critical illness insurance can help provide financial protection in the event of a covered critical illness. As a supplement to your existing health insurance or disability coverage, critical illness insurance can help ease the financial impact of a sudden, life-threatening event. This coverage is voluntary and it offers a lump sum benefit upon first diagnosis* of a covered critical illness, which can be used any way you choose. It's available through your employer at discounted rates to eligible employees ages 16 to 69 who are actively at work.¹ You may choose a benefit amount from \$5,000 to \$50,000 in \$1,000 increments.

Critical illnesses covered by base plan

Critical Illnesses covered by base plan	Percent of benefit amount paid
Heart attack	100%
Stroke ³	100%
Major organ transplant ⁴	100%
Permanent paralysis ⁵	100%
End-stage renal (kidney) failure	100%
Coronary artery bypass surgery ⁶	25%
You may choose to add an additional specified critical illness⁷ benefit for all insured individuals covered under a critical illness policy or rider – see enhanced plan benefit option for details	
Cancer	100%
Carcinoma in Situ ⁸	25%

• **Coverage effective date** – Coverage becomes effective the first day of the month in which payroll deductions begin. You'll receive the plan and coverage amount applied for on the application unless it's found as unacceptable under Unum's rules, limits or standards. If so, the plan and coverage amount may be modified or declined.

• **Convenient payroll deduction** – If you apply and qualify, your premiums are deducted from your paycheck.



• **You own the policy** If you leave your company or retire, you can take the policy with you and pay the same premium. Unum can bill you directly at home.

Policy provisions

- **Reduction of benefits** – The benefit amounts for employee and spouse reduce by 50% on the first policy anniversary after the insured's 70th birthday, or five years after the policy date, whichever is later. Premiums for the policy won't be reduced. If partial benefits for coronary artery bypass surgery or carcinoma in situ are paid prior to the reduction of benefits, then the new benefit amount will be calculated by applying the 50% to the benefit amount reduced by the prior payout.

- **Pre-existing condition limitation** – Benefits for a pre-existing condition (defined as an illness or physical condition for which, within 12 months before the coverage effective date, symptoms existed that would cause a person to seek treatment; or the insured individual was treated, received medical advice from a doctor, or had taken medicine) will not be paid during the first 12 months the policy is in force.

Family coverage options

- Spouse specified critical illness rider

– With the purchase of an employee policy, this rider is available to eligible spouses ages 16 through 64. Face amounts are available from \$5,000 to \$30,000 in \$1,000 increments. Covered conditions and payment percentages are the same as those for the employee. Coverage may be converted to a stand-alone critical illness policy at original age if the base policy terminates.

- **Child specified critical illness rider** – With purchase of an employee policy, this rider is available to eligible children, stepchildren and legally adopted children, ages 14 days through 24 years, who are dependent on the employee for at least half of their support and are not married. Covered conditions and payment percentages are the same as those for the employee; all benefits are paid at 100%. Benefit amounts of \$5,000 or \$10,000 are available, and one rider covers all children.

The rider terminates when the employee policy terminates, or when Unum is notified there are no longer any children eligible for coverage.

Enhanced plan

All insured individuals covered by a critical illness policy or rider may elect or decline this additional coverage. The plan includes all covered conditions listed under the Base Plan and can provide an additional lump sum benefit if diagnosed with cancer and/or carcinoma in situ.

Additional specified critical illness coverage

Upon diagnosis of cancer, as defined in the policy, 100% of the benefit is paid. For carcinoma in situ, as defined in the policy, 25% of the benefit is paid. No benefit will be payable if the date of diagnosis occurs during the first 30 days from the coverage effective date.

Health screening benefit rider⁹

Each insured individual will automatically receive the health screening benefit rider that pays \$50 per calendar year per insured if a covered health-screening test is performed, including, but not limited to:

- Colonoscopy
- Mammography
- Pap smear
- Skin cancer biopsy
- PSA (blood test for prostate cancer)
- Serum cholesterol test to determine LDL and HDL levels
- Stress test on a bicycle or treadmill

**Benefits will not be payable for a covered critical illness if you were diagnosed with or sought treatment for the same critical illness within the ten year period prior to the coverage effective date.*

THIS IS A LIMITED POLICY.

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations, which may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Form: L-21780 or contact your Unum representative.



Accident Insurance

Unum's supplemental accident insurance provides benefits for covered injuries¹⁰ and specified accident related expenses for an individual or family. Since health insurance only goes so far, this individual policy is designed to help cover the out-of-pocket expenses that can result from a sudden accident.

- Available to employees ages 17 – 80 who are actively at work¹ with a minimum of 20 hours per week.
- Base plan covers a wide variety of injuries and accident-related expenses such as hospitalization, physical therapy, emergency room treatment, fractures and dislocations, transportation, lodging and more.
- Benefits are paid for accidents that occur off the job.
- Family coverage options are available.
- Coverage for the base plan benefit is guaranteed renewable for life as long as premiums are paid.
- Additional coverage options available through the sickness hospital confinement rider.
- Premiums are paid through convenient payroll deduction.
- The policy is individually owned so you can take your coverage with you if you leave your employer.

THIS IS A LIMITED POLICY.

The base plan is an accident-only policy. This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Form: L-21762 or contact your Unum representative.

Unum complies with all state civil union and domestic partner laws when applicable.

Underwritten by:

Provident Life and Accident Insurance Company

1 Fountain Square
Chattanooga, TN 37402
unum.com

¹ Eligible employees must be actively at work to apply for coverage. Being "actively at work" means that on the day you apply for coverage, you are working at one of your company's business locations, or you are working at a location where you are required to represent your company. If you are applying for coverage on a day that is not one of your scheduled workdays, then you will be considered actively at work if you meet this definition as of your last scheduled workday. You are not considered actively at work if your normal duties are limited or altered due to your health, or if you are on a leave of absence.

² Policy issue may depend upon answers to health questions contained in the application.

³ Evidence of persistent neurological deficits confirmed by a neurologist at least 30 days after the event.

⁴ Undergoing surgery as a recipient of a transplant of a human heart, lung, liver, kidney, or pancreas.

⁵ Complete and permanent loss of the use of two or more limbs for continuous 180 days as a result of a covered accident.

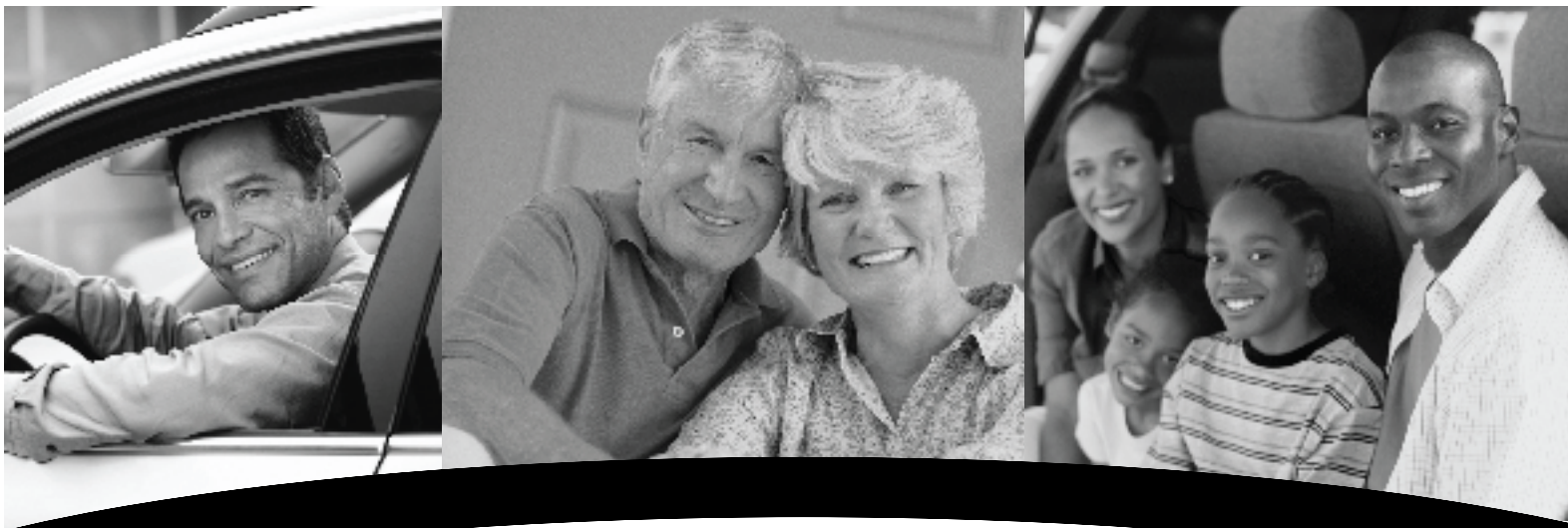
^{6, 8} Limited to one pay out per lifetime for each insured individual; child coverage payable at 100%

^{7, 9} Insured individuals are eligible for coverage 30 days after the effective date of coverage.

¹⁰ Covered accident means an accident that occurs after the policy effective date; occurs while the policy is in force; is of a coverage type listed on the policy schedule; and is not excluded by name or specific description in this policy. Injury or injuries means accidental bodily injury that is the direct result of a covered accident. Injuries must be independent of sickness, disease, bodily infirmity and other causes. Carpal tunnel syndrome is considered to be a sickness.

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**Call 800-313-0068 to enroll in
Accident Insurance,
Specified Critical Illness Insurance
and/or Whole Life Insurance.**



Travelers Auto and Home Insurance Program

As a City of Albuquerque employee, you could get the very best in personal insurance protection, benefits, and service *all at special group rates* from Travelers. With over 145 years of experience along with high ratings from the industry's leading rating companies, you can rely on Travelers to meet your insurance needs today and at the time when you need us most.

Licensed insurance professional at Travelers are dedicated to reviewing your coverages and preparing free, no-obligation quotes. To request a quote, call toll-free **1.888.695.4640**. For online quote requests visit, **www.travelers.com/cabq**.

Benefits at a Glance

Travelers Auto and Home Insurance Program offers the City of Albuquerque employees many benefits including:

- Year-Round Enrollment
- Special Group Rates
- Wide-Array of Coverages
- Money-Saving Discounts
- Convenient Payment Options
(Payroll deduction available July 1)
- Guaranteed Repairs
- 24-Hour Claim Service
- Portable Policies
- Free, No-Obligation Quotes
- Award-winning Customer Service

Free Quote Service

Call Travelers: **1.888.695.4640**

Visit: **www.travelers.com/cabq**



Auto

Travelers – the company that wrote the first automobile policy in 1897 – offers special group rates and multiple money-saving discounts that could save the City of Albuquerque employees hundreds of dollars on auto insurance. Travelers auto policy offers broad coverages, including:

Bodily Injury Liability – Protects in the event of a claim or lawsuit if others are injured in an auto accident that you or your family are considered legally responsible.

Medical Payments – Pays for reasonable medical expenses or certain other expenses resulting from an auto accident for you and your passengers.

Uninsured/Underinsured Motorist – Covers injury resulting from a hit and run or uninsured driver.

Collision – Covers auto damage from a collision with another auto or object, regardless of fault.

Comprehensive – Covers auto damages from causes such as fire, theft, hail or vandalism.

Additional Optional Coverages – Coverage for sound reproduction equipment, rental reimbursement, towing and labor, auto loan/lease gap coverage, and repair/replacement cost protection.

Home

Travelers unmatched selection of coverage options allow employees to design the insurance package that best meets their needs today and offers the flexibility they need for the years ahead. Travelers provides coverage for:

The Dwelling – Covers the physical home.

Other Structures – Covers buildings, such as a garage or shed on the residence premises.

Personal Property – Is covered anywhere in the world.

Loss of Use – Coverage for incurred living expenses, when the home is uninhabitable due to a covered loss.

Personal Liability – Protects you in the event of a claim or lawsuit if someone is injured or their property is damaged while at your home.

Additional Protection

Travelers can provide additional peace of mind with the following protection:

- High-Valued Home
- Renters
- Condominium
- Valuable Items
- Boat & Yacht
- Excess Liability (Umbrella)
- Identity Theft
- Wedding

Money-Saving Discounts

Employees may qualify for additional savings with Travelers by:

- Insuring both auto and home with Travelers
- Insuring more than one vehicle
- Carpooling to work
- Having anti-theft devices on covered vehicles with comprehensive coverage
- Insuring drivers who meet the “good student” and “driver training” criteria
- Insuring hybrid vehicles
- Having safety or protective devices in the auto and home

Convenient Payment Options

Flexibility is a key feature of the Travelers Auto and Home Insurance Program. From direct bill to your home and online payments to automatic deductions from your banking account or paychecks, simply choose the payment option that best suits you.

Superior Claim Service

Accidents never seem to happen at a convenient time, so Travelers makes it our business to be on the job for you 24 hours a day. Just call us, toll free, on our claim hotline – day or night – and turn the problem over to us. We’ll take it from there to get you back on the road or in your home as soon as possible.

This material is for information purposes only. All statements herein are subject to the provisions, exclusions and conditions of the applicable policy. For an actual description of all coverages, terms and conditions, refer to the insurance policy.

Insurance is underwritten by The Travelers Indemnity Company or one of its property casualty affiliates, One Tower Square, Hartford, CT 06183. Coverage, discounts, billing options and repair options are subject to state availability and requirements, individual qualifications and/or the insuring company’s underwriting guidelines. © 2009 The Travelers Companies, Inc. All rights reserved.



Group Legal Insurance Plan

A Legal Plan to Protect Your Family, Finances and Future

In today's world, no matter where you are in your life – starting your first job, approaching retirement, or somewhere in between – you are almost certain to experience life events that have potential legal ramifications. In fact, 7 out of 10 Americans experienced at least one legal need in the past year. Yet only 1 out of 4 Americans has a plan to pay for legal expenses that occur.¹

In your 20s... you might have a dispute with your landlord, fall victim to identity theft or change your name.

In your 30s... you might adopt a child, lose your license due to a traffic violation or want to buy or sell a house.

In your 40s... you might need to prepare a Will, resolve a dispute with a contractor or have an underage child who is in trouble with the law.

In your 50s and beyond... you might want to assume guardianship of your grandchild or have an issue with a manufacturer not honoring a warranty.

As a valued employee of City of Albuquerque, you have the opportunity to enroll in a group legal insurance plan from ARAG®. With a legal plan you have the professional legal help you need to protect yourself and your loved ones from legal difficulties.

Can you afford NOT to have this protection?

According to a recent study, employees who experienced a legal life event spent \$1,300 and an average of nearly 13 days off work to resolve their legal matters.² Do you have adequate savings and vacation time to handle such events? Given that attorneys charge an average of \$286 per hour³ the plan can protect you from unbudgeted legal expenses.

Full-time legal protection at your fingertips.

As a member, you will have access to professional attorneys, Certified Identity Theft Case Managers, financial counselors and other valuable resources to help you protect what's most important.

Legal Representation: When you have a legal need that requires legal advice, document review and preparation, or legal representation, you can meet with an attorney to get the legal help and protection you need. Attorney fees for most covered matters are **100% paid-in-full** when you work with a Network Attorney – **unlike discount legal plans.**

Legal Representation Benefits			
Legal Coverage	Using a Network Attorney	Legal Coverage	Using a Network Attorney
Adoption Proceedings	Paid-In-Full	Personal Property Issues	Paid-In-Full
Guardianship/Conservatorship	Paid-In-Full	Neighbor Disputes	Paid-In-Full
Legal Name Change Proceedings	Paid-In-Full	Buying and Selling a Home – Primary Residence	Paid-In-Full
Standard Will Preparation	Paid-In-Full	Real Estate Issues – Primary Residence	Paid-In-Full
Complex Will Preparation	Paid-In-Full	IRS Audit Protection	Paid-In-Full
Codicil (Amendment to a Will)	Paid-In-Full	IRS Collection Defense	Paid-In-Full
Living Will Preparation	Paid-In-Full	Criminal Misdemeanor	Paid-In-Full
Powers of Attorney	Paid-In-Full	Civil Damage Claims	Paid-In-Full
Consumer Protection	Paid-In-Full	Insanity or Infirmary	Paid-In-Full
Debt Collection Defense	Paid-In-Full	Uncontested Divorce	Paid-In-Full
Juvenile Court Proceedings	Paid-In-Full	Contested Divorce (<i>Up to 15 Hours</i>)	Paid-In-Full
Parental Responsibilities	Paid-In-Full	Motions to Modify (<i>Up to 8 Hours</i>)	Paid-In-Full
Drivers License Suspension & Revocation	Paid-In-Full	Habeas Corpus Proceedings	Paid-In-Full
Drivers License Restoration	Paid-In-Full	Small Claims Court	Paid-In-Full
Tenant Rental Issues	Paid-In-Full		

Plus, your legal plan can help you save money even if your legal situation is not fully covered. Network Attorneys provide reduced fees of at least 25% off their normal rate for any legal situations that are not excluded.

800-247-4184 | <http://members.ARAGgroup.com/Albuquerque>



Group Legal Insurance Plan

Telephone Legal Advice and Consultation: Attorneys can easily handle certain issues over the phone. ***You can consult with a Network Attorney over the phone as often as necessary – and as long as necessary –*** for any of the following legal needs:

- General Legal Advice and Consultation
- Standard Will Preparation
- Living Will and Durable Powers of Attorney Preparation
- Small Claims Assistance
- Follow-up Calls and Letters
- Specific Document Preparation
- Document Review

Online Legal Tools and Resources: Research a specific legal topic from the comfort of your own home. Visit the ARAG Legal Benefits Web Site to access:

- A **Law Guide** of easy-to-understand legal articles to help you learn more about your legal situation.
- Hundreds of **Do-It-Yourself Legal Documents™**, for when you want the convenience and control of preparing a variety of legal documents yourself.

Identity Theft Services: Toll-free access to Certified Identity Theft Case Managers, who help you assess your situation, identify options to minimize and recover from any damage, and obtain legal services available to you including:

- Legal advice and representation from a Network Attorney for identity theft matters including defense of debt collection, IRS audit and defense collection and drivers license restoration.
- Advice over the phone on credit agency issues, bankruptcy fraud, hospital/medical insurance fraud, Social Security fraud and more.
- Educational information and tools including an Identity Theft Prevention and Victim Action Kits, and online educational articles.

Immigration Assistance: If you need to utilize the United States Immigration Process, your legal plan will:

- Provide toll-free access to an Immigration Case Manager who provides information on the immigration process.
- Offer advice from an attorney via telephone on how immigration law relates to your situation.
- Provide access to Network Attorneys at a reduced fee for specific covered services.

Financial Education and Counseling Services:

Experienced financial counselors are available over the phone. Counselors are committed to offering you a level of awareness and confidence to effectively manage your finances on topics such as general financial planning information and guidance, cash and debt management, budgeting, retirement planning, investment planning, federal tax information and education, Individual Retirement Accounts (IRAs) and more.

You also receive access to an **Interactive Financial Planning Web Site** that offers a personalized financial plan, online courses, life events guides, financial articles, financial calculators and webcasts.

Enroll in Your Group Legal Insurance Plan

Can you really afford to go another year without valuable legal coverage? Your cost to enroll in the legal plan is only:

■ **\$8.63 bi-weekly for individual coverage**

■ **\$10.75 bi-weekly for individual plus one coverage**

■ **\$11.03 bi-weekly for family coverage**

To enroll, complete the Group Legal Insurance Plan Enrollment Form found on the Legal Benefits Web Site at <http://members.ARAGgroup.com/Albuquerque> or speak with an ARAG Customer Care Specialist toll-free at 800-247-4184.

**To learn more about the legal plan
and how to enroll, call ARAG toll free at**

800-247-4184

Monday through Friday, 7:00 a.m. to 7:00 p.m. Central time,
to speak with a Customer Care Specialist.

<http://members.ARAGgroup.com/Albuquerque>

***Protect your family, finances and future with the
group legal insurance plan from ARAG.***

¹ "Legal Needs of Today's Multi-Generational Workforce," a national study conducted by Russell Research and commissioned by ARAG, September 2008. ² "Measuring the Effects of Legal Life Events on Employees," Conducted by Russell Research and commissioned by ARAG, April 2007. ³ Average attorney rates in the United States of \$286 per hour for attorneys with 11 to 15 years of experience, Survey of Law Firm Economics, Altman Weil Publications, Inc., 2008.

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Living life the way you want to.

That's what independence and planning is all about.

Thanks to your employer, you and your eligible family members now have the opportunity to apply for long term care insurance at discounted rates. And, during the initial open enrollment period, eligible actively at work employees¹ can benefit by having to answer fewer health questions.

Important new benefit now available – Long term care insurance from John Hancock

Long term care has touched many of our lives. Perhaps you have a family member who has spent time in a nursing home. Or maybe you know someone who needs the regular assistance of a home health aide. When you have seen a long term care situation up close, you know the many issues that are involved.

Many people mistakenly believe they are already covered.

Long term care insurance pays for personal assistance with activities such as eating, bathing, using the toilet, and moving around — or for supervision due to a cognitive impairment. This assistance is typically not covered by health or long term disability insurance. As for government programs, Medicaid is designed to cover only those with limited resources (i.e. people whose assets are below state-required levels).

Protect your retirement

You save and invest to reach many goals. A comfortable retirement, travel, or even a second home. By making a John Hancock long term care insurance policy part of your financial retirement plan, you're taking an important step toward helping to meet and protect the goals you have set out over the course of a lifetime.

Long term care insurance can help protect your investments so you won't have to spend down or withdraw assets to pay for the high cost of long term care expenses.

Consider the facts:

40% of people who need long term care are working adults between ages of 18 and 64.² On a national average, one year in a nursing home or 24-hour home care can cost more than \$66,000 today.³

Long term care insurance important at any age

You are never too young to start planning for the future. Although several people believe long term care situations result from the effects of aging, many are caused by an unforeseen accident or illness. That is why it is important to plan for long term care now, to ensure you have coverage in place if you ever need care.

Long term care insurance premiums are based on age and health. If you are young and healthy, when you apply, your chances of qualifying for the coverage and receiving lower premiums, is better than if you wait.

(continued)

1. Eligible actively at work employees are defined as being between the ages of 18-64 and working a minimum of 30 hours a week.

2. Source: America's Health Insurance Plans, "Guide to Long-Term Care Insurance," 2004.

3. Source: Congressional Budget Office, "Financing Long-Term Care for the Elderly," April 2004.



A John Hancock long term care insurance policy enables you to:

- ▶ Get the support you need when you need care
- ▶ Create a plan of care customized to your needs and preferences³
- ▶ Receive discounts at thousands of care providers nationwide⁴
- ▶ Get assistance with selection of providers most appropriate to your needs⁴
- ▶ Receive care in the place of your choice; such as your home, an assisted living facility, adult day care center, nursing home, or Hospice facility
- ▶ Stay at home as long as possible with:
 - homemaker services⁶ (for example: shopping and cooking)
 - home modifications (for example: wheelchair ramps)⁷
 - 24-hour emergency medical response monitoring systems⁷

Look for more information on this exciting new benefit in the weeks to come. If you have any questions please contact:

Jeremy Mitchell CFP® • Financial Advisor
VALIC
Cell: 505.263.4180 • Fax: 505.830.4386
6301 Indian School Suite 670
Albuquerque NM 87110

4. This is part of the Voluntary Care Coordination benefit.

5. This is part of the Advantage Provider Program.

6. Homemaker Services are incidental to care received.
Refer to state-specific sample policy for complete details.

7. Included as part of the built-in Stay at Home Benefit.

Long term care insurance is underwritten by
John Hancock Life Insurance Company, Boston, MA. 02117

Supplemental Retirement Plans

Your 457 Deferred Compensation Program

Deferred Compensation seeks to provide “Extra” money you need for a more enjoyable and comfortable retirement lifestyle.

What is Deferred Compensation?

- Voluntary, IRS-approved retirement savings plan
- Pre-Tax and Tax Deferred – build retirement savings for tomorrow and reduce today’s taxes (income taxes are due in the year in which the money is withdrawn usually during retirement when you are in a lower tax bracket)
- Under Section 457 of the IRS, you may defer each year a maximum of 100% of your “gross compensation” or an annual dollar limit, whichever is less. The dollar limit for 2009 is \$16,500
- Contributions are conveniently made through payroll deductions so your taxes are reduced each pay period
- Plans allow you to increase, decrease, stop and restart contributions as often as you wish, without fees or penalties

Benefits of Deferred Compensation

- Reduce current income taxes while investing for retirement
- Earnings accumulate tax-deferred
- Dollar cost average through convenient payroll deduction
- 50 or older or within 3 years of normal retirement age you are allowed to make additional “catch-up” contributions
- It’s portable – if you change jobs you can consolidate your savings in another public sector employer’s 457 plan, a qualified 401 plan, a tax sheltered 403b annuity plan, or traditional IRA
- If you retire or leave service early, there is no penalty for withdrawal
- Supplemental investments are helpful for those employees where no contribution is made to social security
- Deferred compensation accounts can be used to purchase withdrawn service, military service and air time with PERA

Contact your Plan Representative for more information.

Your Benefits Department offers these Deferred Compensation Providers:

What’s the best way to invest your savings?

How much do you need for retirement?

How do you protect your money from market volatility?

Need someone to talk to?

Get face-to-face answers.

For more than half a century, we have been providing expertise, guidance and the kind of personal relationship other companies don’t provide – a face – someone to help you plan for and enjoy a secure retirement. Let’s talk.

Jeremy Mitchell CFP®

505.263.4180

jeremy.mitchell@valic.com

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VC 22520 (07/2009) J74604

VALIC

Your Benefits Department offers these Deferred Compensation Providers continued:



Representative: **Steve Lopez**
Telephone: (505) 842-8610
Toll Free: (800) 669-7400
Email: slopez@icmarc.org

Representative: **Dennis Dexel**
Telephone: (505) 899-5011
Email: ddexel@icmarc.org



Nationwide[®]
Retirement Solutions

a Nationwide[®] Financial company

Representative: **Linda Miller**
Telephone: (505) 989-4992
Toll Free Tel: (866) 827-6639 ext 44415
Fax: (505) 989-4991
Email: millel45@nationwide.com
Website: www.newmexico457dc.com

Contacts and Resources

Employer

Offices	Contact Numbers
City of Albuquerque Insurance and Benefits Office 400 Marquette NW, Room 702 PO Box 1293 Albuquerque, NM 87103	(505) 768-3758 phone (505) 768-3760 fax
Public Employees Retirement Association (PERA) Albuquerque Office – 2500 Louisiana Blvd NE, Suite 420 www.pera.state.nm.us	(505) 883-4503 phone (505) 883-4573 Santa Fe (800)342-3422 toll free
New Mexico Retiree Health Care Authority Albuquerque Office – 4308 Carlisle Blvd, NE, Suite 104 www.nmrhca.state.nm.us	(505) 222-6400 phone (800) 233-2576 toll free (505) 884-8611 fax

Core Benefit Vendors

Product	Company Name	Group Number	Customer Service Website Addresses
Medical	Blue Cross Blue Shield of New Mexico (BCBSNM)	N12698-0101	877-232-5538 www.bcbsnm.com
	Presbyterian Health Care	GR001365-H001	505-923-5678 800-356-2219 www.phs.org
Dental	Delta Dental	2517-0001	505-855-7111 877-395-9420 www.deltadentalnm.com
	United Concordia Dental	844614	800-332-0366 www.ucci.com
Vision	Davis Vision	ABQ001	800-999-5431 www.davisvision.com
Life (Term)	CIGNA Group Insurance	FLX980032 (Basic) FLX980018 (Voluntary)	800-238-2125 www.cigna.com
Long Term Disability	CIGNA Group Insurance	VDT960021-001	800-238-2125 www.cigna.com
Flexible Spending Accounts (Medical, Dependent Care, Parking/Transit)	Basic Western USA		800-444-1922 ext. 229 - FSA ext. 243 – Parking/Transit www.basiconline.com
Deferred Comp (457)	ICMA-RC	300476	800-669-7400 Cust. Svc. 505-899-5011 Dennis Dexel 505-842-8610 Steve Lopez www.icmarc.org
	Nationwide	007844	505-362-8814 Linda Miller 866-827-6639 ext. 44415 Toll Free Voice Mail www.newmexico457dc.com
	VALIC		505-263-4180 Jeremy Mitchell www.valic.com

Contacts and Resources

Voluntary Benefit Vendors

Product	Company Name	Customer Service Website Addresses
Accident/Critical Illness/Cancer	UNUM	800-635-5597 Call Center 800-451-8464 Claims Center www.unum.com
Auto & Home	Travelers	888-695-4640 www.travelers.com/cabq
Legal	ARAG	800-247-4184 http://members.ARAGgroup.com/Albuquerque
Life (Whole)	UNUM	800-635-5598 Call Center 800-451-8464 Claims Center www.unum.com
Long Term Care	John Hancock	Jeremy Mitchell, CFP 505-263-4180 Jeremy.Mitchell@valic.com
Pet	Veterinary Pet Insurance (VPI)	877-PETS-VPI (877-7987-874) eb.petinsurance.com
Short Term Disability	Aflac	Nancy Hughes 505-710-3254 www.aflac.com



Human Resources Department
Eugene Moser, Director
768-3700

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